

HISTORY OF PSYCHIATRIC DIAGNOSES

**Proceedings of the 16th International Symposium on the
Comparative History of Medicine—East and West**

**September 1–8, 1991
Susono-shi, Shizuoka, Japan**

**Edited by
YOSIO KAWAKITA
SHIZU SAKAI
YASUO OTSUKA**

**Ishiyaku EuroAmerica, Inc.
Publishers**

Aspects of Indian Psychiatry

G. JAN MEULENBELD

De Zwaan 11 9781 JX Bedum, The Netherlands

SPECIALIZATION, highly developed in modern Western medicine, is not a new phenomenon. Ancient medical systems already show varying degrees of division of labour among physicians. The Greeks, for example, regarded Machaon and Podaleirios, the two sons of the god of healing, Asklepios, as the fathers of surgery and internal medicine. The ancient Iranians distinguished between three main types of healers: those who cured with the knife, those who cured with herbs, and those who cured with holy words. Similar divisions of medicine are also known from India. Basava's *Śivatattvaratnākara*¹⁾ and an anonymous treatise of undetermined age, the *Cikitsāsārasaṃgraha*, mention four basic types of medical treatment: (1) treatment by means of iatrochemical compounds, (2) treatment by means of medicinal plants, (3) treatment by means of surgery, and (4) treatment by means of mantras. The arrangement of these four types of medical treatment is more or less hierarchical, as appears from their being called (1) *daiva*- (divine),

List of abbreviations

A.h. - Aṣṭāṅgahrdayasaṃhitā
 A.s. - Aṣṭāṅgsaṃgraha
 Ca. - Carakasamhitā
 Cī. - Cikitsāsthāna
 Ni. - Nidānasthāna
 Śā. - Śārīrasthāna

Si. - Siddhisthāna
 Su. - Suśrutasamhitā
 Sū. - Sūtrasthāna
 U.- Uttaratāntra
 Vi. - Vimānasthāna

(2) *mānuṣa-* (human), (3) *āśura-* (demonic), and (4) *siddhavaidyaka* (*siddha* medicine).

The established tradition, however, recognizes eight branches (*a ga*) of Indian medicine: (1) internal medicine (*kāyacikitsā*), (2) surgery (*śalya*), (3) the treatment of diseases of the ears, eyes, nose, mouth and throat (*śālākya*), (4) the management of pregnancy, obstetrics, gynaecology, and paediatrics (*kaumārabhṛtya*), (5) the treatment of epilepsy and insanity (*bhūtavidyā*), (6) toxicology (*agadatantra*), (7) the science of longevity (*rasāyana*), and (8) the science of aphrodisiacs (*vājīkaraṇa*).²⁾

In ancient times each of these branches had its own specialists. The names of authorities who composed specialized treatises have been handed down, but almost all their writings are lost; fragments only are known, preserved in later works, particularly in commentaries. The reason for the neglect of these specialized texts may have been the composition of comprehensive medical textbooks which made the earlier texts superfluous. These larger handbooks began to appear around the beginning of our common era. Two of these, the *Carakasamhitā* and *Suśrutasamhitā*, achieved fame and became authoritative. Each concentrates on one of the eight divisions of āyurveda, the *Carakasamhitā* on internal medicine and the *Suśrutasamhitā* on surgery, but all the same, the remaining branches of medicine are also represented in these works. In this respect the last section of the *Suśrutasamhitā*, the “Uttaratantra,” is particularly interesting. This appendix to the surgical textbook is based on earlier specialized treatises that were concerned with those branches of medicine not covered in its main part.³⁾ The *Carakasamhitā* does not possess such an appendix and neglects to a certain extent the subjects not belonging to *kāyacikitsā* (internal medicine). The type of textbook of which the *Caraka-* and *Suśrutasamhitā* are the finest examples is rare in later Sanskrit medical literature, which mainly consists of works covering the whole of the medical art. The first examples of works that no longer focus on a particular branch of medicine are those of Vāgbhaṭa. This evolution goes hand in hand with the tendency to harmonize conflicting elements present in the earlier texts.

What is the place assigned to psychiatry within the framework of the eight branches of *āyurveda*? A characteristic of Indian medicine that it has in common with other traditional and ancient systems of medicine is the absence of a discipline that is comparable with psychiatry as it has developed in Western medicine. As a matter of fact, psychiatry is still a young branch on the tree of Western medicine.

However, one of the divisions of *āyurveda* covers important aspects of psychiatry, namely the branch called *bhūtavidyā*.⁴⁾ The diseases dealt with under this head are epilepsy (*apasmāra*) and insanity (*unmāda*). The term *bhūtavidyā* indicates that, originally, this branch was concerned with disorders thought to be caused by possession by non-human spiritual beings. This is still the definition assigned to the term in the *Suśrutasamhitā*.⁵⁾ Very similar definitions occur in the *Hārītasamhitā*⁶⁾ and other works.⁷⁾ With the passage of time, however, the meaning of the term changed. It came to cover more than states of possession, or, more probably, these disorders were, at least partly, reinterpreted as having a natural cause. Nevertheless it remains remarkable that the *Suśrutasamhitā* maintains an old definition that disagrees with its own theories about epilepsy and insanity as expounded in the chapters devoted to these subjects.⁸⁾ In this connection it should be taken into consideration that the preserved text of the *Suśrutasamhitā* is a version redacted by an unknown author who is sometimes identified as Nāgārjuna. The "Uttaratantra," which contains the chapters on insanity and epilepsy, has been added to the main body of the text by this redactor. The three chapters on insanity and epilepsy (U. 60–62) are traditionally regarded as forming the section on *bhūtavidyā* of the *Suśrutasamhitā*, as appears from the colophons of these chapters and Ḍaḥṇa's commentary. However, the earlier meaning of the term *bhūtavidyā* is still visible in the arrangement of the three chapters; the first one is about possession and is called "Amānuṣopasarga," the second has epilepsy as its subject, and the third is concerned with insanity due to natural causes (*unmāda*). A more logical order is found in Vāgbhaṭa's works (A.h.U. 4–7; A.s.U. 7–10) and in the treatises inspired by them; the order in these works is: *bhūtonmāda*, *unmāda*, and *apasmāra*.

The term *bhūtavidyā* remained in use for the branch of āyurveda concerned with epilepsy and insanity, but, as mentioned already, possession by supernatural beings formed only a part of the disorders covered by it. Much can be said in favour of the thesis that the domain of possession had already been reduced in the early stages of āyurveda. The process of demystification resembling that found in the history of Greek medicine also occurred in India, in the sense that diseases, regarded in ancient times as of supernatural origin, were declared to have natural causes. A famous treatise of the Hippocratic Collection entitled "On the Sacred Disease," and some ancient Indian works defend the view that epilepsy is caused by the humours and therefore has a natural origin. In both Greek and Indian medicine, this rational medical theory is applied to epilepsy in particular. Opponents, holding that epilepsy is caused by demons, are vehemently attacked in the *Suśrutasamhitā* and other works, as we will see. The situation with regard to insanity was more complicated, due to the distinction of types of insanity caused by the humours and types resulting from possession. The second group remained a recognized category during the development of āyurveda up to relatively recent times.

In my opinion, the states of possession as a subgroup of the group of disorders called *unmāda* may have been borrowed from a popular form of medicine, or the medical tradition of the Atharvaveda.⁹ The differences in the number and the names of the supernatural beings taking possession of human beings and making them mad corroborate this hypothesis. In this regard the states of possession in adults resemble similar disorders in children caused by *grahas*.

The incorporation of the states of possession in the āyurvedic textbooks may be seen as due to the wish of the ancient Indian physicians not to exclude patients suffering from these disorders from their practice. It may well be that they did not like the idea of leaving these patients to the care of exorcists. One of the possible interpretations is that the physicians wanted to have a say in this matter. The same interpretation may be valid for the inclusion of the childhood disorders attributed to demons (*bālagrahas*).¹⁰

The way in which the classical *samhitās* describe insanity and its

treatment is extremely interesting with regard to the questions to what extent the theory and practice of *āyurveda* were rational and which part remained influenced by an earlier type of *bhūtavidyā*. As already mentioned, the *Suśrutasamhitā* (U. 60–62) describes possession first, followed by epilepsy and insanity caused by natural factors. It is remarkable that the chapters on possession and other forms of insanity are separated from each other by the chapter on epilepsy. The *Carakasamhitā*, on the other hand, deals with the same group of disorders in a different way (Ci. 9–10). All forms of insanity and their treatment are described in one chapter, followed by one on epilepsy. Moreover, the forms of insanity caused by the humours are handled first, followed by *bhūtonmāda*. It is even more remarkable that the *Carakasamhitā* discusses the aetiology of insanity and epilepsy twice, in the *Nidānasthāna* (Ni. 7–8) and the *Cikitsāsthāna*. The chapter on insanity of the *Nidānasthāna* only pays little attention to possession, being primarily concerned with insanity arising from the humours. These features seem to suggest that Caraka's attitude is more rational than that of Suśruta.¹¹⁾ Vāgbhaṭa has adopted the same attitude as that expressed in the *Suśrutasamhitā*.

A treatise holding a special position with regard to the same subject is the *Hārītasamhitā*. This work discusses epilepsy and the natural varieties of insanity in two short chapters belonging to the section on *kāyacikitsā* (III. 18–19), while a much longer chapter, separated by a wide gap, is concerned with possession and forms in itself the section on *bhūtavidyā* (III. 55).

The *Bhelasamhitā* does mention *bhūtonmāda*, but does not give much attention to it, at least not in the extant parts of this work. It seems to accept a division of labour between physicians and exorcists, which gives it a special position. The chapter on the therapy of insanity explicitly states that it is the task of physicians to prescribe drugs to patients with mental disorders, whereas the *bhūtacikitsaka*, or the exorcist, should occupy himself with religious treatment (*daivavyapāśraya*).¹²⁾ Bhela regards the treatment of the humoral varieties of insanity as belonging to the domain of the *kāyacikitsaka*.¹³⁾

An important text which exerted much influence on later authors is

Mādhava's *Rugviniścaya*, usually called the *Mādhavanidāna*. In its chapter on *unmāda*, this treatise describes the humoral varieties first, based on Caraka, followed by the types of *bhūtonmāda*, based on Suśruta.¹⁴⁾ This model became the most current.

The humoral types of *unmāda* and those caused by possession do not exhaust the varieties distinguished in āyurvedic literature.¹⁵⁾ Suśruta mentions two additional types, caused by intense emotions and by poison.¹⁶⁾ Vāgbhata¹⁷⁾ and Mādhava¹⁸⁾ accepted these types in their classifications. The place of *unmāda*, due to its intense affects, is less clear in the *Carakasamhitā*, while the type caused by poison is absent there. Neither is insanity caused by poison mentioned in, for example, Ravigupta's *Siddhasāra*. It is present again in the *Hārītasamhitā*, which also acknowledges strong emotions as causes of insanity, without, however, recognizing a separate type caused by these emotions. The *Bhelasamhitā* (Ci. 8) describes mental disorders due to strong affects but does not classify them under the head of *unmāda*; they form a distinct category, called *mada* in this treatise. *Unmāda* brought about by poison is absent from the *Bhelasamhitā*, as it is from the *Carakasamhitā*, which need not surprise us since both *samhitās* adhere to the teachings of the school of Ātreya.¹⁹⁾

The manner in which the subject of *bhūtonmāda* is treated in the various texts points to its ambiguous position within the framework of āyurveda. Some medical authors even went so far as to object to the incorporation of the treatment of mental disorders in works chiefly devoted to *kāyacikitsā*. Examples of this attitude are found in Cakrapāṇidatta's *Āyurvedadīpikā*.²⁰⁾ The contents of the *Carakasamhitā* do not justify this, as this treatise shows a high degree of concern for the mental well-being of patients. With regard to *bhūtonmāda*, it seems plausible that the *Carakasamhitā* was intent on restricting its domain by not considering it as a distinct category of disorders. Nevertheless, states of possession could not be entirely ignored. Some passages of the *Carakasamhitā* may show a slight reluctance towards mental patients, apparently advising them to turn to experts in this matter.²¹⁾ The *Suśrutasaṃhitā*, although mainly empiricist in its outlook, yields more to the pressure of popular beliefs than the *Carakasamhitā*.²²⁾ This

trend, the incorporation of material from popular medical lore, is still more pronounced in the works of Vāgbhaṭa, which, for example, recognize a larger number of *bhūtas* or *grahas* than the *Caraka-* and *Suśrutasamhitā*. The medical literature written after Vāgbhaṭa's time shows two different approaches to the subject of *bhūtonmāda*. The *Mādhavanidāna* and the large number of works inspired by it return to an attitude closely resembling that of the *Carakasamhitā*. The followers of Vāgbhaṭa adopted his more indulgent attitude towards popular beliefs. Some late treatises give evidence of an increasing impact of popular beliefs on medicine, especially with regard to demonology and allied subjects. Examples are the *Hārītasamhitā* and *Śārṅgadharasamhitā*, which accept a growing number of types of possession. The same trend is a marked feature of medical treatises influenced by Tantrism. An example is the chapter on *unmāda* (12) of Nārāyaṇa's *Tantrasārasaṃgraha*. Late works enumerate additional types of *bhūtonmāda* not found in earlier medical literature and probably borrowed from popular beliefs. An example is the eighteenth-century *Amṛtasāgara*, ascribed to Prātapasimha.²³⁾

After this survey of the position of *bhūtaavidyā* within the framework of *āyurveda* and the categories of *unmāda* recognized in medical treatises, it may be useful to add some remarks on the pathogenesis of insanity, as described in Indian medicine. I will refrain from elaborating on concepts of mental functioning, which would require a separate study.²⁴⁾ It is, however, important to realize that in Indian medical theory, as in Indian thought in general, mental processes are usually not regarded as connected with the brain, but, instead, with the heart (*hṛdaya*). The *āyurvedic* texts emphasize the role of the heart as the seat of emotions and, accordingly, as the organ where disturbances of mental functioning have their origin. The most consistent treatise in this respect is the *Carakasamhitā*, which never mentions the brain within the context of insanity.²⁵⁾

Opinions that more or less differ from those expressed in the *Carakasamhitā* are recorded in some other treatises. The *Suśrutasamhitā* does not mention the heart in its description of the pathogenesis of insanity, but refers to the *manas*.²⁶⁾ However, the *manas*, a psychic

organ that integrates sense perceptions, is thought to be located in the heart. Suśruta's approach can therefore not be interpreted as essentially different from that found in the *Carakasamhitā*.²⁷⁾ Yet, the *Suśrutasaṃhitā* also contains a statement connecting insanity and other disorders of mental functioning with injuries to the head.²⁸⁾ Later authors follow either Caraka or Suśruta. Vāgbhaṭa's discussion of the pathogenesis of *unmāda* is close to Caraka's, while Mādhava adheres to Suśruta's views. The only treatise clearly expressing a dissenting opinion on the subject is the *Bhelasamhitā*. This work states that insanity ensues when the excited humours reach the *manas*, an organ, according to Bhela, not located in the heart, but in the head, between the cranium and the palate (i.e., probably in the brain). This corruption of the *manas* is followed by disorders of the *citta* and the *buddhi*, two psychic organs located in the heart.²⁹⁾

Insanity develops, according to the generally accepted classical theory, when corrupted humours reach the heart and obstruct the channels transporting the *manas*.³⁰⁾ It is not easy to interpret this theory, but these channels are repeatedly referred to.³¹⁾

Which are the humours (*doṣa*) involved in the aetiology of insanity? Āyurvedic theory recognizes three bodily humours — wind, bile and phlegm — and two similar entities, also called *doṣa*, which affect the mind, namely *rajas* and *tamas*. The latter two entities form part of the well-known *Sāṃkhya* triad of constituents (*guṇa*) of the universe: *sattva*, *rajas* and *tamas*. *Sattva*, being essentially pure, is not a cause of mental affliction;³²⁾ only *rajas* and *tamas*, which are the two *mānasadoṣas*,³³⁾ are acknowledged as bringing about disorders of the mind.³⁴⁾

The status of the two mental *doṣas* in Indian medicine is ambiguous, since they are not regarded as having the same importance as wind, bile and phlegm.³⁵⁾ Cakrapāṇidatta, the famous commentator on the *Carakasamhitā*, maintained that the *mānasadoṣas* and their pathogenic actions are hardly suitable subject for a work like the *Carakasamhitā*, which is concerned with somatic diseases.³⁶⁾ A similar attitude is found in the *Kāśyapasaṃhitā*, which contains a verse declaring that mental disorders should be treated in the same way as somatic diseases.³⁷⁾

One of the ways to deal with the problematic position of the *māna-*

sadoṣas consisted in linking them with the three humours. Efforts in this direction can be seen in Ḍalhaṇa's commentary on the *Suśruta-saṃhitā*. Ḍalhaṇa says that *rajas* is predominant in wind, *tamas* in phlegm; opinions differed with respect to bile, said to be chiefly connected with either *sattva* or *rajas*.³⁸⁾ These links are rather unsatisfactory, since, as already mentioned, *sattva* is usually thought of as never involved in pathology. These connections between the three humours and the three *guṇas* of Sāṃkhya philosophy may be related to a set of similar correspondences between the five *mahābhūtas* and the three *guṇas*: *ākāśa* (space) consists chiefly of *sattva*, *vāyu* (wind) of *rajas*, *agni* (fire) of *sattva* and *rajas*, *āpaḥ* (water) of *sattva* and *tamas*, *prthivī* (earth) of *tamas*.³⁹⁾

It remains completely obscure how these correspondences may be applied to medicine. In general, I have the impression that the three *guṇas* of Sāṃkhya philosophy, although frequently referred to in medical literature, were never integrated satisfactorily in medical thought.⁴⁰⁾

Also to be noticed in this context is the interrelatedness of body and mind. This mutual influence is especially emphasized in the *Caraka-saṃhitā*, which states that bodily diseases may bring about mental disorders, and mental diseases bodily ones.⁴¹⁾ A widely accepted āyurvedic principle is moreover that exogenous (*āgantuka*) disorders, in which category the mental disorders are placed, are always followed by secondary disturbances of the three humours. Remarkable too is the overlap of the symptoms produced by the bodily *doṣas* and the *mānasadoṣas*. Both groups of pathogenic agents bring about disorders with somatic and mental signs.

I will now discuss the types of *unmāda* described in the āyurvedic texts. The types of insanity caused by wind, bile, phlegm, and all three humours together are characterized in closely related ways in the works of Caraka, Suśruta and Vāgbhaṭa.⁴²⁾

An important question is whether or not these syndromes may be interpreted in the light of Western psychiatric concepts. Mitchell Weiss, an American scholar who is both an Indologist and a psychiatrist, has given much thought to this subject in his thesis "Critical study of *unmāda* in the early Sanskrit medical literature: An analysis of

Ayurvedic psychiatry with reference to present-day diagnostic concepts." Relying on Caraka's descriptions of insanity caused by imbalance of the humours, Weiss inferred that organic psychoses arising from malnutritional and systemic infectious aetiology are the most likely of the potential Western diagnostic correlates.⁴³⁾ This led him to discuss insanity caused by wind in relation to mental disorders in pellagra, bilious insanity in relation to systemic infections accompanied by liver involvement, and phlegmatic insanity in relation to pernicious anaemia.⁴⁴⁾

Weiss's interpretations, however, do not convince me. I regard the humoral types of *unmāda* as exaggerations of the humoral constitutional types, well known from the classical āyurvedic sources and frequently referenced. M. Weiss may have been aware of this connection but did not develop the idea. Instead he notices the relationships between the Galenic temperaments and the humoral types of insanity in Indian medicine.

The characteristics of these humoral types of insanity refer, like those of the constitutions, to both body and mind, and they can be understood only in the light of the theory of the three humours. The symptoms of insanity by wind, for example, are derived from the properties and actions of wind. Identifying this syndrome as a psychosis accompanying pellagra⁴⁵⁾ is a rather dangerous step that does not do justice to the peculiarities of āyurvedic thought. I would misrepresent the basic assumptions and views of M. Weiss if I were to attribute to him a simple scheme of one-to-one equivalents of Indian and Western diagnostic entities. He explicitly rejects this in theory,⁴⁶⁾ but, nevertheless, he often suggests it. To be fair to him, I should mention that he remarks that Hartnup's disease, besides pellagra, may also have been diagnosed as insanity brought about by wind.⁴⁷⁾

The very close linkage of the humoral types of insanity to the humour thought to be predominantly involved is due, for example, to a shared characteristic which distinguishes them from the exogenous types of insanity: the time of their acme. Insanity caused by wind manifests itself especially after digestion of the ingested food, i.e., at the time when activation of wind is thought to be normally present.

Similarly, bilious insanity increases during digestion, and phlegmatic insanity just after the intake of food. This manner of describing symptomatology is characteristic of Indian medicine and cannot be made to agree with Western medical notions. The same applies to other signs, such as the colour of the skin, etc.; the skin is ruddy, yellow or pale in insanity caused by wind, bile and phlegm, respectively.

For these reasons I cannot see convincing resemblances between the humoral types of insanity and diagnostic entities of Western psychiatry.⁴⁸⁾

Mental disorders brought about by intense affects belong, together with those caused by possession, to the category of exogenous diseases. The group arising from intense emotions is of particular interest in many respects. The type of disorder described under this head cannot be classified as 'psychotic' in any sense attached to this term in Western psychiatry, in contrast with the humoral types of insanity, characterized by grave disturbances of mental functioning.

The affects enumerated in the texts vary.⁴⁹⁾ Anxiety, grief and frustrated love⁵⁰⁾ are the predominant causes of this type of *unmāda*. Anger, greed, envy and excitement are sometimes added. Differentiations among the resulting disorders are usually absent. They are mostly collectively called *unmāda* originating in mental suffering.⁵¹⁾ Detailed descriptions are not given, except to some extent in the *Bhelasamhitā*,⁵²⁾ the only treatise distinguishing mental disorders due to emotions from *unmāda*, placing them in a distinct group called *mada*. This *mada*, if increasing in severity, evolves into *unmāda* and acquires the signs characteristic of the humours. The *Suśrutasaṃhitā* employs the term *mada* once⁵³⁾ in order to designate, like the *Bhelasamhitā*, less serious conditions which may develop into *unmāda*.⁵⁴⁾ The *Carakasamhitā* uses the term *mada* for a disease that differs from *unmāda*.⁵⁵⁾

Cakrapāṇidatta, generally averse to psychiatry, makes an attempt to reinterpret mental disorders caused by emotions as varieties of humoral *unmāda*,⁵⁶⁾ probably basing his classifications on a passage from the *Carakasamhitā*⁵⁷⁾ where a series of emotions are enumerated that may lead to insanity through excitement of the humours. Cakrapāṇidatta claims that *unmāda* arising from intense affects consti-

tutes a variety caused by wind, because these affects give rise to excitement of wind. Cakrapāṇidatta may be accused of arbitrariness in making this claim, as there is no generally accepted theory concerning the relationships between particular emotions and particular humours.⁵⁸⁾ Moreover, emotions may be connected with the two mental *doṣas*, *rajas* and *tamas*, instead of associated with the three humours.⁵⁹⁾

In general, āyurvedic treatises do not pay much attention to mental problems caused by anxiety, grief, etc. Nevertheless, treatment of these states is discussed. The *Carakasamhitā* recommends soothing patients who grieve due to loss of someone or some object they deeply loved by giving them a substitute and treating intense affects with antagonistic measures.⁶⁰⁾ Similar statements are found in Vāgbhaṭa's works.⁶¹⁾ The antagonistic measures referred to remind one of the *pratipakṣabhāvana* of the *Yogasūtra*.⁶²⁾

In my opinion, the types of insanity collectively called *bhūtonmāda*⁶³⁾ constitute a category of disorders deriving from non-medical circles,⁶⁴⁾ incorporated with some reluctance in the āyurvedic *saṃhitās*, and reinterpreted by the ancient Indian physicians in order to make them agree as much as possible with medical theories. Unfortunately, as far as I know, there are not many non-medical sources mentioning related classifications.⁶⁵⁾

Evidence supporting my thesis, that the types of *bhūtonmāda* derive from popular beliefs concerning possession, is, as I already mentioned, the relatively restricted number of these types in the *Caraka-* and *Suśrutasamhitā*, and their increase in later treatises,⁶⁶⁾ in which respect they resemble the disorders brought about by the *grahas* that attack children. These *bālagrahas* derive undoubtedly from popular lore and are known, under widely diverging names, from a large number of Sanskrit works.

The relative lack of interest in the various beings involved in *bhūtonmāda* appears from the paucity of specific countermeasures. The larger part of the therapeutic prescriptions against humoral *unmāda* are said to be effective against the whole group of *bhūtonmādas* as well.

The attitude of the ancient Indian physicians towards *bhūtonmāda* is in general characterized by ambivalence. Suśruta⁶⁷⁾ asserts that the

beings mentioned do not actually take possession of human beings; the syndromes described are rather patterns of behaviour adopted by humans who imitate particular supernatural beings, because they are like mirrors that reflect the image of these beings.⁶⁸⁾ The *Suśrutasaṃhitā* assures its readers that the beings causing *bhūtonmāda* never actually enter a human being, and that those who are convinced of such a possession are fools who do not have a proper understanding of *bhūtaavidyā*.⁶⁹⁾ Vāgbhata says⁷⁰⁾ that a person who imitates the behaviour of a particular supernatural being is described as being possessed by (*āviṣṭa*) that being. We find, on the other hand, in the *Carakasamhitā* a passage stating that divine beings make a person mad by glancing at him, that sages, *siddhas*, etc., do so by cursing, *pitarah* by showing themselves, *gandharvas* by touching, *yakṣas* by entering, *rākṣasas* by making their smell perceptible, and *piśācas* by riding their victims.⁷¹⁾ In spite of the employment of the same imagery found in the *Suśrutasaṃhitā*, the *Carakasamhitā* declares that the supernatural beings enter the human body invisibly, thanks to their special powers (*guṇaprabhāva*).⁷²⁾

Caraka,⁷³⁾ Suśruta⁷⁴⁾ and Vāgbhata⁷⁵⁾ mention a pathognomonic sign of *bhūtonmāda* which differentiates it from the other types of insanity, namely its time of onset. *Bhūtonmāda* is entirely different from the humoral varieties in this respect, since its time of onset or recrudescence is independent of the stages of digestion. This characteristic seems to imply a close link with the agents involved and not merely imitative behaviour on the part of the patient, the more so since each class of supernatural beings prefers a particular day of the lunar cycle for its attack.⁷⁶⁾

Many more inconsistencies can be detected when the texts are carefully studied, for example with regard to aetiology. An apparently psychological attitude is found in the *Carakasamhitā*, at least in part of the passages concerned. Punarvasu Ātreya, the teacher whose views are expounded in this treatise, declares that *bhūtonmāda* should not be regarded as originating in one's *karman*, but in *prajñāparādha*, a key concept in the *Carakasamhitā*.⁷⁷⁾ This means that moral transgressions based on defective insight are the root causes of *bhūtonmāda*. This

opinion is not to the liking of Cakrapāṇidatta, who explains that this not only refers to improper behaviour in one's actual life, but also to that in former existences.⁷⁸⁾ Conversely, the *Carakasamhitā* itself claims more than once that the coming to fruition of bad acts committed in former lives is to be considered the principal cause of *bhūtonmāda*.⁷⁹⁾ This varying attitude is undoubtedly connected with the well-known fact that the ancient Indian physicians were averse to a rigid interpretation of the doctrine of *karman*, since this doctrine did not agree with their efforts to alleviate human suffering.⁸⁰⁾

In general, the medical treatises do not consider *bhūtonmāda* as apportioned by destiny and ineluctable. Particular types of behaviour may provoke an attack by a particular supernatural being. This subject is elaborated in the *Carakasamhitā*⁸¹⁾ and the *Aṣṭāṅgasamgrahā*.⁸²⁾ The descriptions show that persons with character traits related to the nature of a specific class of supernatural beings make them liable to the type of *bhūtonmāda* caused by that same class of beings. A relationship between character type and type of *bhūtonmāda* is thus established, a subject to which I will return.

The efforts of the āyurvedic physicians to reduce the domain of possession, and, consequently, their ambivalent attitude towards *bhūtonmāda*, also emerge from their tendency to integrate the *bhūtas* or *grahas* in the humoral theory. We do not only find statements that humoral imbalance develops in each case of *bhūtonmāda* after an interval of time,⁸³⁾ as in all *āgantuka* diseases, but also claims that the symptoms of possession are similar to those of excitement of the humours, that is to say that definite relationships exist between the *bhūtas* and the humours.⁸⁴⁾ This explains that the treatment of *bhūtonmāda* is largely identical with that of humoral *unmāda*.⁸⁵⁾

The *Carakasamhitā* deals with the therapy of *bhūtonmāda*⁸⁶⁾ in a characteristically ambiguous way. As already mentioned, many formulas may be used in the treatment of all kinds of insanity. The specific treatment of *bhūtonmāda* shows a double approach: mild drugs in combination with religious measures;⁸⁷⁾ the verses on the subject end by calling to mind that any treatment against epilepsy is also suitable, which implies rational treatment with appropriate drugs. Specific

measures against particular types of *bhūtonmāda* are absent from the *Carakasamhitā*. The *Suśrutasamhitā* records specific treatments of *bhūtonmāda* caused by various kinds of *graha*.⁸⁸⁾ These mostly consist of presenting them with suitable gifts (*balī*) at the proper time and place. Medicinal treatment is presented as well. Vāgbhaṭa's works contain specific treatments of two types; gifts⁸⁹⁾ and medicinal treatment.⁹⁰⁾ Drug treatment is characterized by the frequent use of particular plant substances,⁹¹⁾ and particular substances of animal origin.⁹²⁾

Which mental disorders are covered by the varieties of *bhūtonmāda*? Mitchell Weiss tried to correlate them with syndromes of Western psychiatry.⁹³⁾ In my opinion, the results of his efforts are not convincing.

Patients who consider themselves possessed usually present a great variety of disorders, in India and in other countries.⁹⁴⁾ It also happens that an exorcist finds out which malevolent being is at the origin of the abnormal behaviour. Appropriate gifts to the being inhabiting the patient, such as those described in the āyurvedic treatises, still form part of the treatment in contemporary practice.⁹⁵⁾

The varieties of *bhūtonmāda* may also be interpreted as exaggerations of the character types, called *sattva* or *kāya*, which are described in the *Caraka*-, *Suśruta*-, *Bhela*- and *Kāśyapasamhitā*. The relationships between the *sattva* and the *bhūtonmāda* types are striking and, in my view, cannot be denied,⁹⁶⁾ although not all the *sattva* types are represented among the *bhūtonmāda* types.⁹⁷⁾ They differ in degree, comparable to the differences between schizothymia and schizophrenia, cyclothymia and manic-depressive psychosis. The *samhitās* themselves suggest these gradations and describe transitions between slight and severe disturbances of mental functioning.⁹⁸⁾

Sattva is often synonymous with *manas* in the *Carakasamhitā*.⁹⁹⁾ Accordingly, the *sattva* types are called *manobhedāḥ* by Cakrapāṇidatta.¹⁰⁰⁾ The characteristics of these types are not only of a mental, but also of a physical nature.¹⁰¹⁾ The medical treatises referred to describe a rather large number of types, but they add that the types of *sattva* are actually innumerable, due to the occurrence of all sorts of mixtures.

The *sattva* types are classified according to the three Sāṃkhya

constituents of the universe. Three groups are distinguished: *sāttvika*, *rājasa* and *tāmasa*. Each group is subdivided¹⁰²⁾ into a number of types named after gods and various other classes of living beings. The types described in the texts mentioned largely agree, although not in all details.

It has hitherto been overlooked that the three groups of *sattva* types are not restricted to the four treatises on human *āyurveda* already mentioned, but that they also occur in works on veterinary medicine, as well as in some encyclopaedias that contain sections on the sciences of horses and elephants. The classification of living beings, especially humans, horses and elephants into *sāttvika*, *rājasa* and *tāmasa* types appears to be generally acknowledged in human and veterinary medicine. The subdivisions of these groups, as found in texts on human *āyurveda*, are also known to the authors of treatises on horses. The classification of horses in Nakula's *Aśvaśāstra*, and to a large extent their classification in Basava's *Śivatattvaratnākara*, are remarkably close to the character types of human beings.¹⁰³⁾ The classification of the types of elephants differs considerably.¹⁰⁴⁾ These data indicate that the description of human character types forms part of a tradition that was widely known and that may also be found in non-medical literature.¹⁰⁵⁾ The impression that the elaborate typology of human beings does not belong to the central parts of *āyurveda* is attested by the fact that human character types are of no importance to the practice of medicine. In this respect the *sattva* types resemble the types of *bhūtonmāda* to which they are related. Many types of *bhūtonmāda* are also found among the *sattva* types.¹⁰⁶⁾ This suggests that several *bhūtonmāda* types may indeed be interpreted as exaggerations of clusters of character traits belonging to the *sattva* types that correspond to them.

These relationships give rise to a theoretical problem that is never broached by the commentators on the *āyurvedic saṃhitās*. These treatises and their commentaries assert that *sattva* never gives rise to disorders;¹⁰⁷⁾ *sattva* is not a *mānasadoṣa*, only *rajas* and *tamas* are. It is, however, stated nowhere that humans whose characters belong to one of the *sāttvika sattva* types are not subject to disease. The solution is probably, in agreement with Cakrapāṇidatta,¹⁰⁸⁾ that pure *sāttvika* types

do not occur; *rajas* and *tamas* are always present too, to a varying degree.¹⁰⁹⁾

As already mentioned, the elaborate classification of *sattva* types is not employed in medical practice. Within the context of practice, the *saṃhitās* refer to the broader classification into *sāttvika*, *rājasa* and *tāmasa* types,¹¹⁰⁾ or to a scheme comprising superior (*pravara*), intermediate (*madhya*) and inferior (*avara*) minds (*sattva*).¹¹¹⁾

Although the *sattva* typology aims in principle at a classification of clusters of personality traits, the body is involved too, as explicitly stated by Cakrapāṇidatta,¹¹²⁾ in whose view a *sattva* type is composed of fixed characteristics. The author of the *Rasavaiśeṣikasūtra* agrees that the *sattva* type is present at birth and remains unchanged during life;¹¹³⁾ a change of *sattva* is regarded as a sign foreboding death.¹¹⁴⁾

The *sattva* typology requires discussion in a wider context, namely human typology as seen in *āyurveda*. Several typologies are known in the *saṃhitās*, based on a predominance of (1) humour (*doṣa*), (2) element of the body (*dhātu*), (3) *mahābhūta*, or (4) *guṇa*. All these classifications present mixtures of physical and mental characteristics.

(1) The humoral typology (*doṣaja prakṛti*) is the most widely accepted typology. This type of constitution,¹¹⁵⁾ the *prakṛti* par excellence, is described in many texts.¹¹⁶⁾ Seven types are distinguished: three dominated by one humour, three by two humours, and one type by all three. Both somatic and mental characteristics contribute to the make-up of these constitutions, which are of considerable importance in medical practice. I refrain from elaborating on this subject, which has been dealt with extensively in the secondary literature.¹¹⁷⁾ Less well known is a subdivision of the three main types referred to by Ḍalhaṇa.¹¹⁸⁾ This scheme, accepted by some authorities only, divides the three main types into a large number of subtypes, called after animals and supernatural beings, which makes it resemble the *sattva* typology.¹¹⁹⁾

(2) Typologies based on the elements of the body are found in a number of texts. The *Carakasamhitā* describes eight types, called *sāra*, in the following order: *tvak-*, *rakta-*, *māṃsa-*, *medaḥ-*, *asthi-*, *majja-*, *śukra-*, and *sattvasāra*.¹²⁰⁾ Noteworthy features of

this classification, when compared with the list of elements of the body, are the presence of *tvaksāra* instead of *rasasāra* and the addition of *sattvasāra* as the eighth type. All eight types show both physical and mental characteristics. Persons may be endowed with more than one of these *sāras* according to Caraka. He claims that that someone possessing all the eight *sāras* simultaneously is provided with the most excellent qualities. Suśruta describes the same series in the reverse order,¹²¹⁾ thus indicating that the *sattvasāra* is superior to the *śukrasāra*, the *śukrasāra* to the *majjasāra*, etc. Suśruta mentions that the span of life (*āyus*) and the degree of happiness and welfare (*saubhāgya*) depend on the *sāra*.¹²²⁾ He enumerates mostly bodily characteristics and no mixed types. The *sāra* types are only referred to, not described, in Vāgbhaṭa's works.¹²³⁾ The *Kāśyapasaṃhitā* even distinguishes nine *sāra* types by adding, between the *śukra*- and *sattvasāra* of Caraka, an *ojaḥ-sāra*.¹²⁴⁾ Seven *sāra* types, namely the first seven of Caraka's series, are known to Basava, the author of the *Śivatattvaratnākara*.¹²⁵⁾

- (3) A typology based on the preponderance of one of the five *mahābhūtas* is referred to in the *Suśrutasaṃhitā*¹²⁶⁾ as a classification of *prakṛtis* adhered to by some authorities. These *prakṛtis* show a mixture of physical and mental characteristics. The ether (*nābhasa*) and earth (*pārthiva*) type are described, but not the other ones, since the wind, fire and water types are regarded as identical with the windy, bilious and phlegmatic constitutions. In his commentary Ḍaḥaṇa mentions that some accept a total of thirty-one varieties of this type of constitution by distinguishing mixtures of two, three, four and all five *mahābhūtas*. This typology is hardly ever applied in medical practice. Caraka and Vāgbhaṭa do not mention it, but Ṭoḍara's *Āyurvedasaukhyā* quotes Suśruta's description.¹²⁷⁾ Five human types, called *prakṛti* or *svabhāva* named after the five *mahābhūtas* and independent of Suśruta's descriptions, are found in Basava's *Śivatattvaratnākara*.¹²⁸⁾
- (4) The *guṇaja* constitutions, connected with the three *guṇas* of Sāṃkhya philosophy and usually called *sattva*, have already been discussed.

OTHER MENTAL DISORDERS

The *Carakasamhitā* is the only treatise describing a mental disorder called either *atattvābhiniveśa* or *mahāgada*. It occurs in a list of diseases, together with the number of their varieties,¹²⁹⁾ where it is said to be of one type only.¹³⁰⁾ Cakrapāṇidatta comments that it is a mental disorder (*mānasa vikāra*) caused by *sarvasamsāriduhkha*.¹³¹⁾ Opinions differ as to the question whether *mahāgada* or *atattvābhiniveśa* is the name of the disease.¹³²⁾ It is indeed somewhat difficult to reach a decision on this issue.

The term *mahāgada* and its synonyms, such as *mahāroga*, *mahā-vyādhi* and *mahāmaya*, are applied to groups of diseases, in particular to a group of grave disorders.¹³³⁾ Caraka, however, points to a specific nosological entity, described, together with its treatment, in the chapter on the therapy of epilepsy,¹³⁴⁾ which is remarkable in itself, since it is not related to that disease.

Caraka lists the name of a disease first, followed by some characteristics. If this is a fixed rule, the name is *mahāgada* and its specification *atattvābhiniveśa*. However, Cakrapāṇidatta and Śivadāsasena call it *atattvābhiniveśa*. The verses on its treatment justify this, although the last verse of the chapter on epilepsy again refers to it as *mahāgada*. The evidence taken together suggests that *atattvābhiniveśa* is the name of the illness.

Regardless of the name of the disease, its position in the chapter on the treatment of epilepsy is odd. Equally peculiar is its absence in the chapter on the aetiology of epilepsy.

Mahāgada, or *atattvābhiniveśa*, is such a peculiar entity that it passed into oblivion. The *Kāśyapasamhitā* is the only other treatise in which it is mentioned. Although it is hard to clarify this situation, a clue to a possible explanation, so far overlooked, is found in Cakrapāṇidatta's commentary. This author remarks that the verses on the aetiology, symptomatology and treatment are regarded as unauthoritative by the ancient physicians (*vṛddhāḥ*), and are read as belonging to Caraka's text by those adhering to the Saindhava and Kāśmīra recensions of the *Carakasamhitā*. Cakrapāṇidatta therefore abstained from

commenting on these verses. We may conclude that the verses on *mahāgada/atattvābhīniveśa* of Caraka's chapter on epilepsy are interpolated, do not belong to the original text, and were inserted by the *saindhavāḥ* and *kāśmīrāḥ*.

What is the nature of this strange disorder? It is described as follows:

When, made corrupted by various corrupting factors, the humours reach the heart, corrupt the vessels transporting *manas* and *buddhi*, and stay there in someone whose mind is covered by *rajas* and *moha* [*tamas*], this person, whose *buddhi* and *manas* are covered by the increased *rajas* and *tamas* and whose heart is bewildered by the humours, becomes confused and his *cetanā* (consciousness) diminishes; his judgment is impaired with regard to things eternal and transient, wholesome and unwholesome; the authorities call this major illness *atattvābhīniveśa*.

Surprisingly, the treatment recommended is twofold: drugs on the one hand, and on the other the company of trustworthy friends inspiring the patient with their knowledge, steadfastness, etc. The disease, of a moral nature in my view, is treated as a disorder affecting both mind and body.

A mental disorder with accompanying physical symptoms and an unsettled nosological position is *mada*. The *Carakasamhitā* describes it in one of the chapters of its *Sūtrasthāna*¹³⁵⁾ as belonging to a cluster of three illnesses — *mada*, *mūrchā* and *saṁnyāsa* — which have a common aetiology in being caused by the humours and occurring in persons whose minds are affected by *rajas* and *tamas*.¹³⁶⁾ The leading symptom of all three is mental confusion (*moha*),¹³⁷⁾ resulting from damage to the channels transporting consciousness (*saṁjñā*). The order in which they are mentioned indicates an increasing severity of this confusion.¹³⁸⁾ Vāgbhaṭa follows Caraka in describing *mada*, *mūrchā* and *saṁnyāsa* as a group of related disorders,¹³⁹⁾ but he joins them to the illnesses resulting from alcoholism. The *Suśrutasamhitā* does not regard *mada* as a separate nosological entity.¹⁴⁰⁾ The *Mādhavanidāna* follows the *Suśrutasamhitā* in not giving *mada* the status of a distinct disease. Later treatises are usually in agreement with either Vāgbhaṭa or Mādhava.

The *Carakasamhitā* distinguishes four humoral varieties of *mada*, caused respectively by wind, bile, phlegm or all three humours.¹⁴¹⁾ Three other varieties, brought about by blood,¹⁴²⁾ alcoholic drinks and poisonous substances, are described as not occurring without involvement of the humours.¹⁴³⁾ Accordingly, they are not acknowledged as separate types.¹⁴⁴⁾ Vāgbhaṭa and Śārṅgadharma, however, distinguish these seven types as distinct varieties.

The symptoms of the three additional types, absent from the *Carakasamhitā*, are recorded by Vāgbhaṭa.¹⁴⁵⁾

Both somatic and mental signs occur in *mada*, but the three humours are the chief agents bringing them about, according to Caraka and Vāgbhaṭa. The *Carakasamhitā*, however, is inconsistent, since *mada* is also referred to as a disorder arising from the *mānasadoṣas*.¹⁴⁶⁾

The disease called *mada* by Caraka and Vāgbhaṭa may be interpreted as intoxication,¹⁴⁷⁾ since alcoholic drinks and toxic substances are referred to among its causes. Which type of disorders was diagnosed as humoral *mada* and *mada* arising from blood is less clear.

The *Carakasamhitā* employs the term *mada* in a wider sense as an equivalent of arrogance. More specifically, it denotes *mada* as alcohol intoxication.¹⁴⁸⁾ *Mada* is, apart from being a disease in itself, a symptom of other diseases, for example of bilious fever¹⁴⁹⁾ and fever arising from all three humours.¹⁵⁰⁾ Toxic substances of vegetable origin which may cause *mada* are *pūga*,¹⁵¹⁾ *kodrava*¹⁵²⁾ and *dhattūra*.¹⁵³⁾ The symptoms and treatment of intoxications brought about by poisonous plants belong to the division of *āyurveda* called *agadatantra* and are not dealt with in connection with *mada*.¹⁵⁴⁾

Later *āyurvedic* literature is also acquainted with hemp¹⁵⁵⁾ and opium¹⁵⁶⁾ as intoxicating substances.

Finally, it should be remembered that the *Bhelasamhitā* applies the term *mada* to mental disorders caused by intense emotions,¹⁵⁷⁾ and that the *Suśrutasamhitā* regards it as a minor degree of insanity.¹⁵⁸⁾

Disorders related to *mada* are *mūrchā* and *saṁnyāsa*. As already mentioned, Caraka regards *mada*, *mūrchā* and *saṁnyāsa* as disturbances of increasing gravity.

*Mūrchā*¹⁵⁹⁾ is described as loss of consciousness, preceded by visual

disturbances which lead to seeing the sky coloured in a particular manner. Caraka,¹⁶⁰⁾ Vāgbhata¹⁶¹⁾ and Śārṅgadharma¹⁶²⁾ distinguish four varieties, brought about by wind, bile, phlegm and all three humours. Suśruta does not accept a variety arising from the three humours and adds varieties caused by the smell of blood, alcoholic drinks and poisons.¹⁶³⁾ Mādhava recognizes the same six kinds as Suśruta, which does not prevent him from enumerating the symptoms of the variety arising from all three humours.¹⁶⁴⁾ The classification of the *Hārītasamhitā* is inconsistent in stating that there are six varieties and enumerating seven of them, by wind, bile, phlegm, blood, trauma, alcohol and poison; it even adds an eighth type in its descriptions, namely the variety arising from all three humours.¹⁶⁵⁾ Bhela's description of *mūrchā*¹⁶⁶⁾ has only partly been preserved; he seems to consider it to be caused by a *saṃnipāta* of blood and the three humours.¹⁶⁷⁾ Ugrāditya's *Kalyāṇakāraka*¹⁶⁸⁾ has six types, arising respectively from wind, bile, phlegm, trauma, poison and alcohol.

The variety of *mūrchā* arising from the three humours resembles epilepsy, according to Caraka and Vāgbhata, and differs from it by not presenting frightening movements. Epileptic symptoms occur in it according to Hārīta.¹⁶⁹⁾ Suśruta remarks that the symptoms of *mūrchā* in general are like those of epilepsy.

Mūrchā may be interpreted as a fainting spell.¹⁷⁰⁾ As it is preceded by auralike premonitory signs, part of the syndromes ancient doctors diagnosed as *mūrchā* may have been cases of temporal epilepsy. *Mūrchā* is, apart from a nosological entity, also a symptom occurring in various diseases.¹⁷¹⁾

Caraka¹⁷²⁾ and Vāgbhata¹⁷³⁾ claim that patients suffering from the humoral types of *mada* or *mūrchā* recover without treatment. This characteristic differentiates them from *saṃnyāsa*, a disease caused by extremely disturbed humours which make the patient lose consciousness.¹⁷⁴⁾ *Samnyāsa*, a disorder which is not divided into a number of varieties, is described¹⁷⁵⁾ as a disorder with loss of consciousness of sudden onset and long duration, which makes the patient appear as a log of wood, or dead.

Syncope is therefore not a suitable equivalent, nor catalepsy, which

differs from *saṁnyāsa* in not being characterized by loss of consciousness. Cerebral haemorrhage may have been one of the causes of syndromes diagnosed as *saṁnyāsa*.

Samnyāsa is also the name of a particular kind of fever caused by the three humours.¹⁷⁶⁾

Some Indian authors¹⁷⁷⁾ regard *durmanas* as a mental disorder, equivalent to neurasthenia, described only in the *Carakasamhitā*. Actually, the term is used to designate one of the symptoms of *ojaḥkṣaya*.¹⁷⁸⁾

Two closely related neuropsychiatric disorders are *apatantraka* and *apatānaka*, described in the *Carakasamhitā* as caused by wind. This humour, after oppressing the heart, moves upwards and affects the head and temples, thereby leading to loss of consciousness and convulsions which make the body tighten like a bow. This condition is called *apatantraka*. If the patient first recovers and afterwards becomes confused again, it is called by some *apatānaka*.¹⁷⁹⁾ Cakrapāṇidatta comments that some consider *apatantraka* as arising from phlegm and *apatānaka* from wind. The involvement of phlegm can be deduced from the verses on treatment.¹⁸⁰⁾ Suśruta regards *apatānaka* or *daṇḍāpatānaka* as caused by wind, accompanied by phlegm; it is a variety of *ākṣepaka* and described as a disorder that makes one fall down repeatedly, stretching the body like a bow.¹⁸¹⁾ According to Suśruta, *apatantraka* is another disease; his description of it is close to that of Caraka.¹⁸²⁾ The commentators Gayadāsa and Ḍalhaṇa remark that some do not acknowledge *apatantraka* as a disease distinct from *apatānaka*. Vāgbhaṭa uses the same terms as Caraka, adopting the latter's characterization.¹⁸³⁾ The *Mādhavanidāna* follows a strange course, trying to run with the hare and to hunt with the hounds; it describes *apatantraka* and *apatānaka*, in accordance with Caraka, and adds *daṇḍāpatānaka*, with Suśruta.¹⁸⁴⁾ The *Hārītasamhitā* mentions *apatantraka* as a kind of *ākṣepaka* which makes the body stretch like a bow again and again;¹⁸⁵⁾ it adds that some distinguish a disease called *apatānaka* that seizes half of the body.¹⁸⁶⁾ The *Hārītasamhitā* proceeds with the description of *daṇḍāpatānaka* and a number of varieties of a disorder called *pratānaka*.¹⁸⁷⁾ The disorder called *pratānaka* is also found in the Bower Manuscript.¹⁸⁸⁾ Ugrāditya's *Kalyāṇakāraka*¹⁸⁹⁾ is

acquainted with *apatānaka* as a disorder caused by excessive loss of blood, abortion and trauma. The same three causes are known to Vāgbhāṭa.¹⁹⁰⁾ All the works referred to, with the exception of the *Carakasamhitā*, deal with *apatāntraka*/*apatānaka* in their chapters devoted to wind diseases. The *Bhelasamhitā* is the only text that has a separate chapter, on *apatāntraka*, which chiefly discusses this disease and its treatment.¹⁹¹⁾ The pathogenesis and symptomatology as recorded by Bhela are remarkably close to those of Caraka. Bhela, however, uses *apatānaka* as a synonym for *apatāntraka*.

Although *apatāntraka*/*apatānaka* does not belong to the domain of psychiatry,¹⁹²⁾ I discussed the data regarding this disease because of the connection with the head as the seat of consciousness and the place of origin of convulsions. Another reason for its inclusion is that in some respects it resembles epilepsy. Vāgbhāṭa mentions *apatānaka* as a member of a cluster of disorders, collectively characterized by disturbances of memory (*smṛtivibhramśa*) and brought about by the abuse of alcohol.¹⁹³⁾ *Apatāntraka* is sometimes interpreted as hysteria,¹⁹⁴⁾ which is called *yoṣāpasmāra* in later treatises.¹⁹⁵⁾ J. Jolly suggests that *apatānaka* may designate hysteric convulsive states, and *apatāntraka* apoplectic convulsions.¹⁹⁶⁾

Stuttering (*gadgadatva*) is described in the *Suśrutasamhitā* as one of the wind diseases.¹⁹⁷⁾

Delirious states (*pralāpa*) are often mentioned in passing as occurring in various diseases, especially in fevers.¹⁹⁸⁾

MENTAL DISORDERS DESCRIBED IN LATE ĀYURVEDIC LITERATURE

- (1) *Smaranmāda* is described in the *Āyurvedavijñāna*¹⁹⁹⁾ as a disease affecting both men and women, caused principally by frustrated love and disorders of the sexual organs. Its treatment is discussed in Govindadāsa's *Bhaiṣajyaratnāvalī*²⁰⁰⁾ and the *Āyurvedavijñāna*. Fulfilment of the patient's longings constitutes the best remedy, but drug treatment is recommended as well. The disorder is also mentioned in Dattātreyā's *Rasacaṇḍāmsu*.²⁰¹⁾

- (2) The characteristics of *apadārthagada*, or *gadodvega* as described in the *Āyurvedavijñāna*,²⁰²⁾ establish that it is equivalent to hypochondria. Its treatment, discussed in the *Bhaiṣajyaratnāvalī*²⁰³⁾ and the *Āyurvedavijñāna*, consists chiefly of soothing (*sāntvana*) and consolation (*āśvāsana*), with some drugs as adjuvants.
- (3) *Tattvonmāda*, or *brahmamoha*, is the same as materialism, considered as a disease. It is described in the *Āyurvedavijñāna*,²⁰⁴⁾ and its treatment is discussed in the *Bhaiṣajyaratnāvalī*²⁰⁵⁾ and the *Āyurvedavijñāna*. It is odd to see that drugs are recommended. Chastisement by means of blows is also thought to be helpful.
- (4) *Acalavāta*, also known as *tādavasthyagada* and *aparivartaka*, is a mental disorder that makes the patient stand immobile in a frozen attitude, according to the *Āyurvedavijñāna*.²⁰⁶⁾ Its treatment, mostly consisting of drugs, is described in the *Bhaiṣajyaratnāvalī*²⁰⁷⁾ and the *Āyurvedavijñāna*. The latter treatise distinguishes a hereditary variety.
- (5) An interesting disorder of uncertain nature is *tāṇḍavaroga*, the dancing disease, characterized by involuntary movements of the whole body. The *Āyurvedavijñāna*²⁰⁸⁾ describes its aetiology and symptoms. The *Bhaiṣajyaratnāvalī*²⁰⁹⁾ and *Āyurvedavijñāna* discuss its treatment. The *Bhaiṣajyaratnāvalī* distinguishes varieties brought about by amenorrhoea, menorrhagia and parasites.
- (6) *Yoṣāpasmāra*, or *yoṣāpatantraka*, is a disease occurring only in women of fertile age. It is described, together with its treatment, in the *Bhaiṣajyaratnāvalī*²¹⁰⁾ and *Āyurvedavijñāna*.²¹¹⁾ Various causes, both physical and mental, are enumerated; noteworthy among these are widowhood in young women, lack of affection on the part of the husband, harsh treatment by the relatives (of the husband), and amenorrhoea. The signs listed make this disorder resemble hysteria. *Yoṣāpasmāra* is also known to Gulrāj Śarmā Miśra, who mentions it in his *Siddhaprayogalatikā*.²¹²⁾
- (7) *Mastiṣkavepana*, or *śīrṣavepana*, a disorder caused by injuries to the head. Prominent symptoms are mental instability (*calacittatā*; *cittacāñcalya*) and trembling.²¹³⁾ It is described, together with its treatment, in the *Bhaiṣajyaratnāvalī*²¹⁴⁾ and *Āyurvedavijñāna*.²¹⁵⁾

- (8) Two diseases of the cerebrum, called *mastiṣkacaya* or *-vyḍḍhi* and *mastiṣkāpacaya* or *-hrāsa*, are, together with their treatment, described in the *Bhaiṣajyaratnāvalī*²¹⁶⁾ and *Āyurvedavijñāna*.²¹⁷⁾ *Mastiṣkacaya* is obviously hydrocephalus, and *mastiṣkāpacaya* cerebral atrophy. Diseases of the brain are also known to Gulrāj Śarmā Miśra²¹⁸⁾ and Jayadevaśāstrin.²¹⁹⁾ Decrease of the cerebral tissue is already described in the *Suśrutasaṃhitā*.²²⁰⁾
- (9) A disease in which fluid accumulates within the brain is known as *śīrṣāmburoga* is or *mastiṣkodaka*, and is described, along with its treatment, in the *Bhaiṣajyaratnāvalī*²²¹⁾ and *Āyurvedavijñāna*.²²²⁾
- (10) Suicide attempts²²³⁾ and treatment by means of resuscitation are discussed in the *Bhaiṣajyaratnāvalī*²²⁴⁾ and *Āyurvedavijñāna*.²²⁵⁾

EMOTIONS AND DISEASE

As referred to earlier, āyurvedic theory assumes particular relationships between emotions and the humours. Study of the *saṃhitās* of Caraka, Suśruta and Vāgbhaṭa makes clear that these connections vary considerably, as is shown by the following examples:

bhaya (fear) leads to excitement of wind (Ca.Ci.3.115; 19.12; 20.7; 28.15–18; A.h.Ni.2.43; Aruṇa ad A.h.Ni.5.29).

bhaya leads to excitement of bile (Ca.Ci.16.9; Su.Sū.21.21).

bhava leads to excitement of the three humours (Ca.Ci.16.8).

cintā (apprehension) leads to excitement of bile (Ca.Ci.16.9).

cintā leads to excitement of the three humours (Ca.Ci.19.8).

harṣa (pleasure) leads to excitement of phlegm (Ca.Ni.1.25).

īrṣyā (envy) leads to excitement of wind (Aruṇa ad A.h.Ni.5.29).

īrṣyā leads to excitement of bile (Ca.Ci.19.6).

kāma (sexual excitement) leads to excitement of wind (Ca.Ci.3.115; A.h.Ni.2.43; Aruṇa ad A.h.Ni.5.29).

kāma leads to excitement of bile (Ca.Ci.16.9).

krodha (anger) leads to excitement of wind (Ca.Ci.22.4–5; 26.104–105 and 124; 28.15–18).

krodha leads to excitement of bile (Ca.Ni.1.22; 4.24; Ci.3.115; 16.9; 19.6; Su.Sū.21.21; A.h.Ni.2.43; Aruṇa ad A.h.Ni.5.29).

lobha (greed) leads to excitement of wind (Ca.Ci.26.124; Aruṇa ad A.h.Ni.5.29).

śoka (grief) leads to excitement of wind (Ca.Ni.1.19; 3.6; 4.36; Ci.3.115; 19.12; 20.7; 22.4–5; 26.124; A.h.Ni.2.43; Aruṇa ad A.h.Ni.5.29).

śoka leads to excitement of bile (Ca.Ci.16.9; 22.4–5; Su.Sū.21.21).

śoka leads to excitement of the three humours (Ca.Ci.19.8).

Somatic disorders which may be caused by emotions are:

- (1) anorexia (*arocaka*), which may be caused by
bhaya (Ca.Ci.26.124; Su.U.57.6);
cintā (Su U.57.6);
krodha (Ca.Ci.26.124; A.h.Ni.5.29; A.s.Ni.5.31);
lobha (Ca.Ci.26.124);
saṃrāga (or *kāma*) (Su.U.57.6);
śoka (Ca.Ci.26.124; Su.U.57.6; A.h.Ni.5.29; A.s.Ni.5.31).
- (2) diarrhoea (*atisāra*), which may be caused by
bhaya (Ca.Ci.19.11; A.h.Ni.8.12–13ab; A.s.Ni.8.13–14ab) or
śoka (Ca.Ci.19.11; Su.U.40.13cd–15ab; A.h.Ni.8.12–13ab; A.s.Ni.8.13–14ab); and
- (3) fever (*jvara*), which may be caused by
bhaya (Ca.Ci.3.114–128; Su.U.39.79; A.h.Ni.2.40–43; A.s.Ni.2.40–43);
kāma (Ca.Ci.3.114–128; Su.U.39.78; A.h.Ni.2.40–43; A.s.Ni.2.40–43);
krodha/kopa/roṣa (Ca.Ci.3.114–128; Su.U.39.79; A.h.Ni.2.40–43; A.s.Ni.2.40–43); or
śoka (Ca.Ci.3.114–128; Su.U.39.79; A.h.Ni.2.40–43; A.s.Ni.2.40–43).

Bhaya is involved in *chardi* (vomiting) (Ca.Ci.8.62) and *hṛdroga* (diseases of the heart) (Ca.Ci.26.77). *Cintā* is involved in *hṛdroga* (Ca.Ci.26.77). *Krodha* is involved in delayed healing of ulcers (Ca.Ci.25.34). *Śoka* is involved in delayed healing of ulcers (Ca.Ci.25.34) and decrease of *rasa* (Ca.Ni.6.8).

SLEEP AND ITS DISORDERS

Sleep is thought to occur when the heart is covered by *tamas*.²²⁶⁾ The heart, visualized as an inverted lotus flower, closes its petals during sleep and opens them, under the influence of *sattva*, on awakening.²²⁷⁾

Numerous rules pertaining to the regulation of sleep are set down in the medical classics. Sleep during the day is to be avoided, except during summer and when suffering from particular diseases.²²⁸⁾ Waking at night is prescribed in a few disorders.²²⁹⁾

Insomnia (*nidrānāśa*) is discussed in the *Caraka*- and *Suśruta-saṃhitā*. The factors involved in its aetiology are, according to Caraka:²³⁰⁾ purgation, evacuation of the head (*śirovireka*), vomiting, fear, apprehension (*cintā*), anger, (excess of) smoking (for therapeutic purposes), (excessive) physical exercise, blood-letting, fasting, an uncomfortable couch, an excess of *sattva*, restraint of *tamas*, an excess of work, old age, wind disorders, a constitution dominated by wind, and the humour wind itself. Suśruta²³¹⁾ enumerates as causative factors: wind, bile, mental affliction (*manastāpa*), wasting (*kṣaya*), and physical injury (*abhighāta*).

DISORDERS CAUSED BY ALCOHOLISM

The chapter of the *Carakasamhitā* that deals with the disorders due to the excessive consumption of alcoholic drinks shows that in ancient times the Indian physicians did not object at all to a moderate use of these drinks. This chapter even contains a eulogy, describing the beneficial effects of alcohol.²³²⁾ Suśruta is remarkably sober and devotes just two verses to this subject.²³³⁾ Vāgbhaṭa is in general disapproving: In the chapter on the aetiology of alcoholic disorders,²³⁴⁾ nevertheless, he included an elaborate praise of wine at the end of the chapter on the treatment of the bad effects of abuse.²³⁵⁾ Verses of similar import occur in the *Bhelasamhitā*.²³⁶⁾ The *Hārītasamhitā*²³⁷⁾ is even more subdued than the *Suśrutasaṃhitā* and the *Kāśyapasaṃhitā*²³⁸⁾ only mentions beneficial results of alcohol in some diseases. The *Kalyāṇakāraka* neglects disorders brought about by alcohol almost completely. The

Bower Manuscript expresses a liberal attitude towards the consumption of alcohol.²³⁹⁾

Caraka gives the most elaborate exposition on the properties of alcohol. It is said to possess ten properties which are also present in poisons, but to a higher degree. The vital substance, called *ojas*, is endowed with the ten contrary properties, which means that alcohol and poisons are injurious to *ojas*.²⁴⁰⁾ Vāgbhaṭa repeats this more concisely.²⁴¹⁾ The *Suśrutasamhitā*²⁴²⁾ discusses the qualities of alcohol without referring to poisons and *ojas*.

Three stages of alcoholic intoxication (*mada*) are described²⁴³⁾ by Caraka,²⁴⁴⁾ Suśruta²⁴⁵⁾ and Vāgbhaṭa.²⁴⁶⁾ The descriptions given by Caraka and Suśruta do not completely agree.²⁴⁷⁾ The *Mādhavanidāna* has its own characterizations of four stages of intoxication.²⁴⁸⁾ The *Bhela*-, *Hārīta*- and *Kāśyapasamhitā* do not mention these stages.

The symptoms of abuse of alcohol are divided into four types, not only in the works of Caraka, Suśruta and Vāgbhaṭa, but also in the *Bhela*-,²⁴⁹⁾ *Hārīta*-²⁵⁰⁾ and *Kāśyapasamhitā*.²⁵¹⁾ These types are those with a preponderance of wind, bile, phlegm, or all three humours.²⁵²⁾ Actually, alcohol is regarded as corrupting all three humours, in the same manner as poisons do, which means that the three first types are characterized by a high degree of excitement of one of the three humours.

Caraka²⁵³⁾ and, following in his wake, Vāgbhaṭa²⁵⁴⁾ discuss two complications of drinking, called *dhvaṃsaka* and *vikṣaya*.²⁵⁵⁾ Caraka describes them as occurring in persons who, after a period of abstinence, suddenly resume drinking. Vāgbhaṭa shares this view, adding that persons who take recourse to another kind of alcoholic beverage than they formerly preferred are especially prone to these affections.

The *Suśrutasamhitā* is not acquainted with these two complications²⁵⁶⁾ and instead describes three other ones, called *paramada*, *pānājīrṇa* and *pānavibhrama*.²⁵⁷⁾ In this respect the *Mādhavanidāna* follows the *Suśrutasamhitā*.²⁵⁸⁾ The nature of these disorders is not clear.²⁵⁹⁾ Two more complications discussed by Suśruta are excessive thirst (*trṣṇā*) and a burning sensation (*dāha*).²⁶⁰⁾ Excessive thirst as a sequel of alcohol abuse is also described in the *Bhelasamhitā*,²⁶¹⁾ as well

as *pānājīrṇa*.²⁶²⁾ The *Kāśyapasaṃhitā* refers to two complications of abuse, namely chronic alcoholism (*pānavibhrama*) and the syndrome occurring after sudden abstinence (*pānāpakrama*),²⁶³⁾ and may be the only treatise referring to the psychotic states (delirium tremens and alcohol hallucinosis) which are caused by sudden abstinence.²⁶⁴⁾

A noteworthy feature of the treatment of disorders caused by excessive drinking is the prescription of alcoholic beverages. The ancient Indian physicians were obviously well aware of the dangers of sudden withdrawal in persons accustomed to the intake of alcohol.

EPILEPSY (APASMĀRA)²⁶⁵⁾

Caraka describes epilepsy as caused by the humours and occurring in persons whose minds are affected by *rajas* and *tamas*. The excited humours move to the head and, upwards of it, to the seats of the senses. If they, while staying there, are suddenly agitated by violent emotions, the heart and the sense organs are filled up by them and an attack of epilepsy ensues.²⁶⁶⁾ Suśruta says that epilepsy arises when the channels transporting consciousness are pervaded by the humours and by *rajas* and *tamas*.²⁶⁷⁾ Vāgbhata is of the opinion that epilepsy is brought about by excited humours which pervade the mind, the heart and the channels carrying consciousness.²⁶⁸⁾ Bhela relates that an attack of epilepsy comes about when one or more of the increased humours seize the ten vessels located above the heart and obstruct the pathway of the mind.²⁶⁹⁾ The *Bhelasamhitā* contains a second, altogether different description of the onset of epilepsy: when the mind, due to a variety of causes, is disturbed, the heart becomes desiccated; subsequently, the wind obstructs the bodily heat (*āśman*) and reaches the channel (*nāḍī*) which transports water; the person suffering from this disorder is oppressed by thirst, becomes confused, and develops epilepsy.²⁷⁰⁾ The text of the *Hārītasamhitā* on the onset of epilepsy is not clear; it ascribes the causation of the disorder to a series of excited humours: wind, bile, phlegm, *udāna* and *prāṇa*.²⁷¹⁾

The above descriptions indicate that the āyurvedic physicians were aware that epilepsy cannot be explained as having its origin in the heart.

The channels transporting consciousness, repeatedly mentioned, are located upwards of the heart, and the seats of the senses are found in the head. The statements on the pathogenesis of epilepsy are therefore illuminating. It is rare to find passages connecting the head and the sense organs with nervous disorders.²⁷²⁾ Striking is the clarity of Caraka's description in the *Nidānasthāna*. The description in the *Cikitsāsthāna* is different; it omits to mention the seats of the senses and refers to the humours affecting the vessels of the heart.²⁷³⁾

The majority of the āyurvedic treatises describe four varieties of epilepsy, caused respectively by wind, bile, phlegm, and all three humours.²⁷⁴⁾ The *Hārītasamhitā* does not refer to the number of its varieties; Ugrāditya's *Kalyāṇakāraka* regards it as brought about by the three humours, with wind as the predominant one.²⁷⁵⁾

The characterisation of *apasmāra* shows that epilepsy is intended. The convulsive fits are accurately described, together with the prodromes and sequelae.²⁷⁶⁾ The disease may have gotten its name from the amnesia (*apasmṛti*, *apasmarāṇa*) which follows an epileptic attack.

Particularly interesting is a remark of Caraka, clearly noticed by M. Weiss.²⁷⁷⁾ Caraka says in the chapter on epilepsy of the *Nidānasthāna*²⁷⁸⁾ that an exogenous (*āgantuka*) types of this disease also occurs, and that he is going to describe it later on, that is, in the section on treatment. This type of epilepsy is, however, not characterized in the *Cikitsāsthāna*, which refers to it in passing,²⁷⁹⁾ as the *Nidānasthāna* does. Suśruta, Vāgbhaṭa and other authors do not accept an exogenous type of epilepsy. Caraka's remark is puzzling and not easily explained. M. Weiss seems to suggest that the exogenous type must have been dealt with in the original chapter on the treatment of epilepsy of the *Agniśātantra*, prior to its redaction by Dṛḍhabala, who removed the pertinent passages.²⁸⁰⁾ M. Weiss tends moreover to assume that, in later times, convulsive epilepsy without signs pointing to involvement of the humours was considered part of the group of *bhūtonmādas*, not the group of epileptic disorders. He draws attention to the mention of convulsive seizures in some of the *bhūtonmāda* types of the *Suśrutasaṃhitā*,²⁸¹⁾ details which are absent from the *Carakasamhitā*. M. Weiss's statements imply that he is convinced that *āgantuka*

apasmāra was originally dealt with in the chapter on the treatment of epilepsy, and that forms of epilepsy without humoral signs were regarded as such. He may be right as to his first point, but he is certainly on the wrong track with regard to his second point; Caraka's own statements disagree with it. The *Carakasamhitā* says²⁸²⁾ that signs pointing to an exogenous factor are sometimes seen in epileptic patients as the effects of an *anubandha*, i.e., a secondary disorder, of a humoral nature, which evidently means that an independent exogenous epilepsy does not exist.²⁸³⁾ This is also Cakrapāṇidatta's interpretation of the single verse in the chapter on the treatment of epilepsy that refers to exogenous epilepsy.²⁸⁴⁾ This verse, like the statements in prose of the *Nidānasthāna*, indicates that forms of humoral epilepsy, complicated by an *āgantuka* element, show extra symptoms not connected with the humours. This makes it different from *bhūtonmāda*, which is, according to Cakrapāṇidatta, independent of the humours. It is remarkable that Caraka adds²⁸⁵⁾ that *apasmāra*, tinged with *āgantuka* signs, should be treated as a case of *bhūtonmāda*, which makes it resemble that group of disorders. A similar statement is found in the chapter on the aetiology of epilepsy,²⁸⁶⁾ where Caraka declares that a mixed kind of treatment (*sādhāraṇakarman*, i.e., both drugs and religious therapy) is suitable to mixed types of the disease.

This state of affairs proves that Caraka was not yet convinced that possession by supernatural beings did not contribute to the causes of epilepsy, which makes his attitude less rational than that of Suśruta and others. The *Carakasamhitā* also contains a passage²⁸⁷⁾ about the mythic origin of epilepsy, where this disorder is attributed to contact with defiling *bhūtas*.

Cakrapāṇidatta even informs us²⁸⁸⁾ that some early authorities, like Bhīmadanta and others, assumed that an independent type of epilepsy, caused by supernatural beings, does exist.

The *Suśrutasamhitā* rejects the involvement of demons (*bhūta*) in epilepsy and declares emphatically that it is brought about by the humours.²⁸⁹⁾ This statement is confirmed by Ḍalhaṇa. Yet Suśruta also adds that medicines employed against *grahas* (i.e., against *bhūtonmāda*) should preferably be used in the treatment of epilepsy.²⁹⁰⁾ The

recommendation that Rudra and his attendants be duly honoured²⁹¹⁾ is referred to as the opinion of others, an opinion to which Suśruta evidently does not subscribe.

In his *Aṣṭāṅgahṛdayasaṃhitā*²⁹²⁾ Vāgbhaṭa describes epilepsy as a humoral disorder and does not pay any attention at all to other elements in its aetiology. The situation is different in the *Aṣṭāṅgasamgraha*. The latter mentions a type of epilepsy with an admixture of signs indicating involvement of demons (*bhūta*). It recommends treatment by religious measures.²⁹³⁾ The chapter on epilepsy even ends with a verse on possession by *grahas* but this time accompanied by the recommendation to employ medicinal treatment²⁹⁴⁾

The *Bhelasamhitā* does not accept the involvement of *bhūtas* in the causation of epilepsy, as far as one can judge from the extant parts of the chapters dealing with it.²⁹⁵⁾ Four humoral types are distinguished. The *Kāśyapasaṃhitā*²⁹⁶⁾ also enumerates four humoral varieties. Ugrāditya is convinced of a purely humoral aetiology and denounces as fools those holding that *grahas* cause it.²⁹⁷⁾

This suggests that, in the course of time, epilepsy came more and more to be regarded as a disease caused by natural factors. Exceptions do occur, however, even in rather late texts. The *Rājanighaṇṭu*, for example, still mentions *bhūtavikriyā* as a synonym of *apasmāra*.²⁹⁸⁾

DREAMS

A classification of dreams²⁹⁹⁾ into seven varieties is found in the *Carakasamhitā*.³⁰⁰⁾ The first five types are based on (1) visual perceptions, (2) auditory perceptions, (3) perceptions by other senses, (4) wishes (*prārthita*), and (5) imagination (*kalpita*); the sixth type (*bhāvika*) points to future events, and the seventh is caused by the humours. The first five varieties are regarded as useless to physicians.

The *Kāśyapasaṃhitā*³⁰¹⁾ describes the same seven types but differs from the *Carakasamhitā* in considering all of them as useless from a medical point of view. According to Kāśyapa, useful dreams are those which are not based on anything seen, heard, spoken, or imagined.³⁰²⁾ Vāgbhaṭa accepts Caraka's classification, agrees with him on the use-

lessness of the first five types, but adds to them dreams caused by the humour or humours that predominate in one's constitution.³⁰³⁾

Particular dreams are characteristic of one's constitution.

The sections or chapters dealing with *ariṣṭas* describe many dreams which have a prognostic significance.³⁰⁴⁾

Special treatises on the interpretation of dreams are known in Sanskrit literature.³⁰⁵⁾

SEXUAL DISORDERS

Sexual disorders are described in the *Suśrutasamhitā*.³⁰⁶⁾ Disorders occurring in males are:

- (1) *āsekya*; this disorder results from scantiness of the *bīja* of the parents; a man is called *āsekya* if he gets an erection only after swallowing the semen of another man; Ḍalhaṇa mentions *mukhayoni* as a synonym of *āsekya*.³⁰⁷⁾
- (2) *saugandhika*, or *sugandhin*; this disorder finds its origin in foul-smelling genitals of the mother; a *saugandhika* gets an erection only after inhaling the smell of a penis or vulva; Ḍalhaṇa mentions *nāsāyoni* as a synonym.
- (3) a *kumbhika* is only potent with a woman after submitting to anal intercourse with another male; Ḍalhaṇa mentions *gudayoni* as a synonym.
- (4) an *īrṣyaka* is potent only after looking at the intercourse of another couple.³⁰⁸⁾
- (5) a *ṣaṇḍhaka* is a male who does not produce semen; this disorder is the result of parental intercourse in which the man lies on his back; a *ṣaṇḍha* is characterized by passive homosexual behaviour: he wants, when lying on his back, to be masturbated by another man.³⁰⁹⁾

Sexual disorders in women are:

- (1) the *nārīṣaṇḍha*, which results from parental intercourse in which the woman behaves like a man; if a daughter is born, she will show a masculine type of behaviour.

(2) female homosexuality; Suśruta is of the opinion that pregnancy may be the result but that the foetus will be devoid of bones.

Types (1) to (3) of sexual disorders in males are, according to Cakrapāṇidatta, included in the type called *saṃskāravāha* of Caraka; Suśruta's *īrṣyaka* and Caraka's *īrṣyāraṭi* are identical, according to Cakrapāṇidatta again.³¹⁰

MENTAL DISORDERS IN ELEPHANTS

Pālakāpya's *Hastyāyurveda* describes a series of interesting mental disorders occurring in elephants:

- (1) *pūrvābaddha*:³¹¹ a mental disorder making elephants unfit for employment; this disease can only be cured by letting the elephant suffering from it return to the forest.
- (2) *hṛdayasphālana*:³¹² a mental disorder, caused by fear, occurring in elephants newly brought from the forest.
- (3) *hastonmathita*:³¹³ an incurable mental disorder.
- (4) *vātagati*:³¹⁴
- (5) *bhūtagraha*:³¹⁵ a series of nine *grahas* is described, together with the symptoms they produce and the treatment of these affections.³¹⁶
- (6) *unmāda*:³¹⁷ drug treatment is recommended; a fumigation, said to ward off all *grahas*, is also described, which proves that demons were regarded as the causative agents in at least part of these syndromes.
- (7) *apasmāra*:³¹⁸ epilepsy in elephants is clearly thought to be caused by demons, because the disorder is also called *apasmāragraha*; offerings to the nine planets (*navagraha*) are thought useful in its treatment, as well as the treatments described in the chapter on *unmāda*.
- (8) *rātriṣipta*:³¹⁹ a mental disorder occurring during the night only; it is caused by demons (*graha*).
- (9) *cetobhramśa*:³²⁰ a mental disorder characterized by fearfulness of the elephant.
- (10) disorders caused by the *Nāga*- and *Tantukagraha*.³²¹

MENTAL DISORDERS IN HORSES

Jayadatta's *Aśvavaidyaka* describes:

- (1) *unmāda*:³²²⁾ said to be caused by the three humours; drug treatment is recommended.
- (2) disorders caused by demons (*graha*).³²³⁾
- (3) *apasmāra*:³²⁴⁾ to be treated in the same manner as *unmāda*.

Table A The classifications of the types of *unmāda*³²⁵⁾

-
- (1) **Carakasamhitā**: 5 types — by wind, bile, phlegm, *samnipāta*, and exogenous factors (*āgantuja*); the last type of this series comprises *unmāda* caused by supernatural beings and by intense emotional states.
 - (2) **Bhelasamhitā**: the same types as in the *Carakasamhitā*, but the *āgantuja* type does not include *unmāda* caused by intense emotions.
 - (3) **Suśrutasaṃhitā**: 6 types — by wind, bile, phlegm, *samnipāta*, mental affliction, and poison; insanity caused by possession is not included and forms a separate group.
 - (4) **Vāgbhaṭa's A.h. and A.s.**: 6 types — by wind, bile, phlegm, *samnipāta*, mental suffering, and poison; *bhūtonmāda* is not included and forms a separate group.
 - (5) **Hārītasamhitā**: 8 types — by wind, bile, phlegm, wind and bile, wind and phlegm, bile and phlegm, *samnipāta*, and poison; *bhūtonmāda* forms a separate group; *unmāda* caused by intense emotions is not recognized as a separate type.
 - (6) **Kāśyapasaṃhitā**: 5 types (see Sū.27.53).
 - (7) **Mādhavanidāna**: 6 types — by wind, bile, phlegm, *samnipāta*, intense emotions, and poison; *bhūtonmāda* forms a separate group.
 - (8) **Śār gadharasaṃhitā**: 6 types — by wind, bile, phlegm, *samnipāta*, poison, and mental suffering; *bhūtonmāda* forms a separate group.
 - (9) Ugrāditya's **Kalyāṇakāraka**: 5 types — by wind, bile, phlegm, *samnipāta*, and grief; *bhūtonmāda*, called *grahopasargāmaya*, forms a separate group.
-

Table B Classification of the types of *bhūtonmāda*

-
- (1) **Carakasamhitā** (Ci.9); 8 types: *deva*; *guru*; *vyddha*; *siddha*; *ṛṣi*; *pitṛaḥ*;

gandharva; yakṣa; rākṣasa; brahmarākṣasa; piśāca.

- (2) **Suśrutasaṃhitā** (U.60); 9 types: *deva; deyaśatru; gandharva; yakṣa; pitarah; bhujāṅga; rakṣas; piśāca; vārdhaka.*
- (3) **Vāgbhaṭa's A.h.** (U.4); 18 types: *deva; daitya; gandharva; uraga; yakṣa; brahmarākṣasa; rākṣasa; piśāca; preta; kūśmāṇḍa; niśāda; aukiraṇa; vetāla; pitarah; guru; vṛddha; ṛṣi; siddha.*
- (4) **Vāgbhaṭa's A.s.** (U.7); 18 types: *deva: Īśvara, Indra, Dhanada, Varuna; asura: Rudra, Indra, Upendra, Skanda, Viśākha; gandharva; uraga; yakṣa: Maṇivara, Vikāṭa; brahmarākṣasa: Yajñasena; rākṣasa: Viśākha, Saṅgama, Mālin, Virūpākṣa; piśāca; preta; kūśmāṇḍa; kākḥorda; maukiraṇa; vetāla; pitarah; ṛṣi; guru; vṛddha; siddha.*
- (5) **Mādhavanidāna** (20); 8 types: *deva; deyaśatru; gandharva; yakṣa; pitarah; bhujāṅga; rākṣasa; piśāca.*
- (6) **Śār gadharasaṃhitā** (I.7.38–40ab); 20 types: *deva; dānava; gandharva; kinnara; yakṣa; pitṛ; guru; preta; guhyaka; vṛddha; siddha; bhūta; piśāca; jalādhidevatāḥ; nāga; brahmarākṣasa; rākṣasa; kūśmāṇḍa; kṛtyā; vetāla.*
- (7) **Hārītasamhitā** (III.55); 10 or 21 *grahas*; the series of ten consists of: *aindra; āgneya; yama; nairṛta; vāruṇa; māruta; kubera; aiśa; grahaka; piśāca.*
- (8) **Amṛtasāgara** (p. 152–154); 9 types: the same eight as in the *Mādhavanidāna*, preceded by *bhūta*; 7 additional types: *satīdoṣa; kṣetrapāladoṣa; devī; kāmāna; śaṅkhini- and ḍākinīdoṣa; preta; brahmarākṣasa.*
- (9) Ugrāditya's **Kalyāṇakāraka** (18.119–126); 8 types of *graha*: *deva; asura; gandharva; yakṣa; bhūtapitṛ; rākṣasa; piśāca; uraga.*
- (10) Nārāyaṇa's **Tantrasārasaṃgraha** (ch.12); 18 *mahāgrahas*: *amṛta or sura; asura; nāga; yakṣa; gandharva; rākṣasa; medhṛa; kasmāla; nistejas; bhasmaka; pitṛ; kuśa; vināyaka; pralāpa; piśāca; antyaja; yonija; bhūta*; 9 *grahas*: *apasmāra; dvija; brahmarākṣasa; nṛpa; viś; vṛṣala; nica; caṇḍāla; vyantara.*

Grahas mentioned in Viśveśvarabhaṭṭa's **Madanamahārṇava** (ch.40): *prajāgraha; jvaragraha; aikāhikajvaragraha; pratunḍa; kāmila; kālanāyaka; pitṛgraha; lokāyata; āpastamba; vṛtra; mahājvaragraha; kumbhaka; kapila; śivapāda; ūrdhvaśeśin; viṣṭambha or vivṛtākṣa; mahājihvagraha; navagraha; vāsava; vāyasa; kṣetrapāla; acala; hastipāda; karṇagraha; dhanada; avatola; kṛśa or śaśigraha; skanda; skandāpasmāra; śiśugraha; meṣagraha.* Note-worthy is the absence of *unmāda* as one of the diseases caused by these *grahas*,

although some symptoms may point to mental disorders. Some of the *grahas* are known from medical texts as involved in children's diseases and insanity.

Grahas mentioned in the **Mahāmāyūri** (Bower Manuscript VI): *deva*, *nāga*, *asura*, *maruta*, *garuḍa*, *gandharva*, *kinnara*, *mahoraga*, *yakṣa*, *rākṣasa*, *preta*, *piśāca*, *bhūta*, *kumbhāṇḍa*, *pūtana*, *kaṭapūtana*., *skanda*; among a series of evils enumerated are *kanikhorda*, *okiraṇa*, and *vetāla*.

Table C *Sattva* types

- (1) **Carakasamhitā** (Śā.4.37–39); (a) *śuddha*: *brāhma*; *ārṣa*; *aindra*; *yāmya*; *vāruṇa*; *kaubera*; *gāndharva*; (b) *rājasa*: *āsura*; *rākṣasa*; *piśāca*; *sārpa*; *praita*; *śākuna*; (c) *tāmasa*: *pāśava*; *mātsya*; *vānaspatya*.
- (2) **Suśrutasaṃhitā** (Śā.4.81–98ab); (a) *sāttvika*: *brāhma*; *māhendra*; *vāruṇa*; *kaubera*; *gāndharva*; *yāmya*; *ārṣa*; (b) *rājasa*: *āsura*; *sārpa*; *śākuna*; *rākṣasa*; *piśāca*; *praita*; (c) *tāmasa*: *pāśava*; *mātsya*; *vānaspatya*.
- (3) **Kāśyapaśamhitā** (Śū.28); (a) *śuddha*: *brāhma*; *prājāpatya*; *ārṣa*; *aindra*; *yāmya*; *vāruṇa*; *kaubera*; *gāndharva*; (b) *rājasa*: *āsura*; *rākṣasa*; *piśāca*; *sārpa*; *yakṣa*; *bhūta*; *śākuna*; (c) *tāmasa*: *pāśava*; *mātsya*; *vānaspatya*.
- (4) **Bhelasamhitā** (Śā.5.16–22); 7 types of *divyakāya*: *brahma*-, *deva*-, *varuna*-, *gandharva*-, *piśāca*-, *asura*- and *mahārājakāya*.
- (5) **Śivatattvaratnākara** (VII.10.173–176): *sura*; *manuṣya*; *rakṣaḥ*; *piśāca*; *tiryak*.

Table D *Sattva* types in veterinary texts

Sattva types in horses.

- (1) Nakula's **Aśvaśāstra** (p. 52–54); (a) *sāttvika*: *brāhma*; *ārṣa*; *māhendra* or *aindra*; *yāmya*; *kaubera*; *vāruṇa*; *gāndharva*; (b) *rājasa*: *āsura*; *rākṣasa*; *piśāca*; *sārpa*; *pautra*; *śākuna*; (c) *tāmasa*: *pāśava*; *mātsya*; *vairudha*.
- (2) Basava's **Śivatattvaratnākara** (VII.12.106–107); (a) *sāttvika*: *brahma*; *iśa*; *vāsava*; *kubera*; *paretarāja*; *gandharva*; *pāśadhara*; (b) *rājasa*: *rākṣasa*; *asura*; *piśāca*; *pitṛ*; *dvijihva*; *pakṣin*; (c) *tāmasa*: not enumerated.

Sattva types in elephants.

- (1) Basava's *Śivatattvaratnākara* (VII.11); (a) *sāttvika*: *deva*; *gandharva*; *vipra*; *kṣātra*; (b) *rājasa*: *vaiśya*; *śūdra*; *sarpa*; (c) *tāmasa*: *paiśāca*; *rakṣah*.
- (2) Someśvara's *Mānasollāsa*; (a) *sāttvika*: *deva*; *gandharva*; *vipra*; *kṣātra*; (b) *rājasa*: *vaiśya*; *śūdra*; *sarpa*; (c) *tāmasa*: *paiśāca*; *rakṣasa*.
- (3) Nīlakaṇṭha's *Mātāṅgalīlā* (ch. 8); (a) *sāttvika*: *deva*; *gāndharva*; *brāhmaṇa*; *kṣatriya*; *yākṣa*; (b) *rājasa*: *vaiśya*; *śūdra*; *sarpa*; (c) *tāmasa*: *āśura*; *rākṣasa*.

Table E Correspondences between types of *sattva* and *bhūtonmāda*

- Types of *sattva*: (1) *deva*, *brāhma*, *aindra*, *vāruṇa*; (2) *ārṣa*; (3) *gāndharva*; (4) *kauberā*; (5) *rākṣasa*; (6) *paiśāca*.
- Types of *bhūtonmāda*: (1) *deva*; (2) *guru*, *ṛṣi*; (3) *gandharva*; (4) *yakṣa*; (5) *rākṣasa*; (6) *piśāca*.

NOTES

- 1) *Śivatattvaratnākara*, VI.21.17cd–18ab.
- 2) The order of these divisions varies from treatise to treatise.
- 3) See Su.U.1.4cd–8ab and Ḍaḥaṇa's comment.
- 4) Diseases belonging to *bhūtavidyā* are to be treated chiefly by means of *daivavyapāśraya* measures, i.e., measures derived from religion.
- 5) Su.Sū.1.8; U.60.27cd–28ab. See also Toḍara's *Āyurvedasaukhya*, Vol. II: 1.29; the *Āyurvedasaukhya* regards the treatment of *unmāda* as belonging to the realm of *kāyacikitsā* (see Vol. II: 1.27–28).
- 6) *Hārītasamhitā* 1.2.19.
- 7) See, for example, Candrā's commentary ad *Cikitsākalikā* 365, and Basava's *Śivatattvaratnākara* VI.21.10; the latter treatise employs the term *grahatantra*

List of abbreviations

A.h. - Aṣṭāṅgahrdayasaṃhitā
 A.s. - Aṣṭāṅgasamgraha
 Ca. - Carakasamhitā
 Ci. - Cikitsāsthāna
 Ni. - Nidānasthāna
 Śā. - Śārīrasthāna

Si. - Siddhisthāna
 Su. - Suśrutasaṃhitā
 Sū. - Sūtrasthāna
 U. - Uttaratāntra
 Vi. - Vimānasthāna

instead of *bhūtavidyā*. The old definition was retained for a long time; see, for example, Cakrapāṇidatta's comment ad Ca.Sū.30.28, A.h.Ci.1.168ab and Aruṇadatta's comment ad A.h.Sū.1.5cd–6ab.

- 8) The *Suśrutasaṃhitā* (Sū.3.41) refers to those chapters as covering what is called *bhūtavidyā*.
- 9) See on the medical traditions of the Atharvaveda: K.G. Zysk (1985), and the literature he refers to.
- 10) The latter group of disorders became the subject of special treatises, whereas possession in adults did not give rise to a specialized literature. The treatment of disorders caused by *bālagrahas* is sometimes regarded as belonging to *bhūtavidyā* (see V. Śukla, 1986: 87).
- 11) It should be taken into consideration that Ca.Ci.9 has been revised by Dṛḍhabala. Caraka is less rational than Suśruta in the chapters on epilepsy.
- 12) *Bhelasamhitā* Ci.8.33. See on the different roles of physicians and exorcists in contemporary South Asia: D.N. Kakar (1977); P. Wirz (1941): 8–9.
- 13) Compare the definition of *kāyacikitsā* in Toḍara's *Āyurvedasaukhyā* (Vol. II: 1.27–28).
- 14) *Mādhavanidāna* 20.
- 15) It is remarkable that the Indian medical treatises do not pay attention to simulated madness, a subject dealt with in a number of Sanskrit plays. Simulated insanity appears very early in Greek literature; Homer describes the feigned madness of Odysseus, who wants to avert becoming involved in the war against Troy.
- 16) Su.U.62.12–13.
- 17) A.h.U.6.15–16; A.s.U.9.12–14.
- 18) *Mādhavanidāna* 20.14–15.
- 19) Nevertheless, the differences between the *Caraka*- and *Bhelasamhitā* are numerous.
- 20) See his comments ad Ca.Sū.1.55 and 57.
- 21) See Ca.Sū.11.46.
- 22) Another characteristic of the *Suśrutasaṃhitā* is that it contains more mantras than the *Carakasamhitā*. Suśruta's attitude towards epilepsy is, however, more rational than that of Caraka.
- 23) *Aṃṛtasāgara*, p. 154.
- 24) See, e.g., A. Roşu (1978).
- 25) The only mental disorder said to be caused by injury to the head is confusion (*moha*; Ca.Si.9.6). Epilepsy, however, is connected with the head as the seat of the senses.
- 26) Su.U.62.12.
- 27) S.P. Gupta (158) tends to overemphasize the differences between Caraka and Suśruta.
- 28) Su.Śā.6.27.
- 29) *Bhela* Ci.8; see also Ni.7.2. Another interesting statement on *unmāda*, also found in the *Bhelasamhitā*, classifies this disorder as caused by the humour wind affecting the bones and the bone marrow (Sū.11.12cd–13ab; Ci.24.49). This view of *unmāda*, found nowhere else, cannot easily be made to agree with the contents

- of the chapters on *unmāda* of the *Bhelasamhitā*, which describe the usual humoral types brought about by wind, bile, phlegm and *saṃnipāta*. Moreover, most āyurvedic treatises do not associate wind with the emotional life of human beings, but with bile, in particular the variety called *sādhakapitta*, with the heart as its seat (see Su.Sū.21.10; A.h.Sū.12.13cd–14a; A.s.Sū.20.3; Cakrapāṇidatta ad Ca.Sū.12.11; *Bhela* Śā.4.8).
- 30) Ca.Ci.9.5.
 - 31) E.g., Ca.Ni.7.4; Ca.Ci.9.5; A.s.U.9.4; Cakrapāṇidatta ad Ca.Sū.24.25.
 - 32) See Cakrapāṇidatta ad Ca.Sū.1.57. The only exception I could find is insomnia, sometimes caused by an excess of *sattva* (Ca.Sū.21.56–57).
 - 33) Ca.Sū.1.57; Vi.6.5; Śā.4.34.
 - 34) *Sattva*, *rajas* and *tamas* are located in the heart, which is the seat of the *manas* and *buddhi* (Su.Śā.6.25; A.h.Śā.4.13; A.s.Śā.7.6); other seats of *sattva*, *rajas* and *tamas* are the vital spots, called *marman* (Su.Śā.6.35).
 - 35) Some disorders are described as brought about by a combination of the bodily and mental *doṣas*: *murchā* is caused by bile and *tamas*, *bhrama* (giddiness) by bile, wind and *rajas*, *tandrā* (lassitude) by wind, phlegm and *tamas*, *nidrā* (sleepiness) by phlegm and *rajas* (Su.Śā.4.56).
 - 36) Cakra ad Ca.Sū.1.55 and 57.
 - 37) *Kāśyapa* Sū.27.5.
 - 38) *Ḍalhaṇa* ad Su.U.66.9. Compare Su.Sū.21.28 and Ni.1.8.
 - 39) Su.Śā.1.20. These connections vary and do not always agree (see R.F.G. Müller, 1935b: 91–92). It is not surprising that connections between the three humours and the five *mahābhūtas* are also recorded in āyurvedic literature.
 - 40) See on this subject: R.F.G. Müller (1935a): 241; (1935b). The literature on the relationship between *āyurveda* and *Sāṃkhya* is extensive: see, e.g., Antonella Comba (1987).
 - 41) See, e.g., Ca.Vi.6.8.
 - 42) Insanity may also occur in children (*Kāśyapa* Sū.25.20).
 - 43) M. Weiss: 93.
 - 44) M. Weiss: 95.
 - 45) M. Weiss: 96–98.
 - 46) M. Weiss: 95.
 - 47) M. Weiss: 97–98.
 - 48) P. Wirz (1941: 16–17) expressed the same opinion. See also the descriptions of contemporary āyurvedic diagnosis of humoral *unmāda* in G. Obeyesekere (1977b). An interesting innovation of Sinhalese *āyurveda* is the type of *unmāda* caused by a combination of blood and bile (*raktapitta*); this type, reported as very common among psychiatric patients, is equated with hysteria (G. Obeyesekere, 1977b: 165). Sinhalese āyurvedic practitioners distinguish many more varieties of humoral *unmāda* (their total number amounts to twenty-two) than those described in the classical Sanskrit texts.
 - 49) A codification of the emotions is absent from āyurvedic literature but elaborately dealt with in treatises on dancing, for example the *Nāṭyaśāstra* ascribed to Bharata.

- 50) Insanity by frustrated love is a favourite topic of Sanskrit literature; famous examples are Kālidāsa's *Vikramorvaśīya* and Bhavabhūti's *Mālatīmādhava*.
- 51) Dalhaṇa ad Su.U.62.12: *manoduhkhaja*; A.h.U.6.1 and 4: *ādhija*.
- 52) *Bhela* Ci.8.13–16.
- 53) Su.U.62.5.
- 54) Vāgbhaṭa employs the term *mada* sometimes (A.h.U.6.1) as a synonym for *unmāda*.
- 55) *Mada* also denotes intoxication by alcohol, not only in Caraka, but in all the āyurvedic treatises.
- 56) Ad Ca.Ci.9.85–86.
- 57) Ca.Ni.7.4.
- 58) I will deal with this subject later in this paper. Cakrapāṇidatta (see his remarks ad Ca.Ci.3.114cd–116) is aware of the inconsistencies, since he claims that *kāma*, etc., sometimes lead to excitement of wind, and on other occasions to excitement of bile.
- 59) See Ca.Vi.6.5.
- 60) Ca.Ci.9.85–86.
- 61) A.h.U.6.53cd–55ab; A.s.U.9.59–60.
- 62) *Yogasūtra* 2.33–34.
- 63) This term is not yet employed in the *saṃhitās* of Caraka and Suśruta; it is found in Vāgbhaṭa's works (A.h.U.1.43) and in the *Śārīgadharaśaṃhitā* (1.7.38). See the table on the various types of *bhūtonmāda*. Caraka (Ci.3.115–116) claims that the symptoms of the eight types of insanity caused by *bhūtas* may also occur in fevers resulting from possession.
- 64) M. Weiss agrees with me (74: 78–79).
- 65) See, however, the *grahas* of the *Mudanamahārṇava* and the *Mahāmāyūri* (see Table B). Compare also the *grahas* mentioned in chapter 230 of the *Brahmavaivartapurāṇa* (referred to in V. Śukla, 1986: 42).
- 66) See also M. Weiss: 78–79 and 84.
- 67) Su.U.60.19.
- 68) The individual experience of possession is expressed within a set of standardized cultural meanings; personal needs determine the selection of a particular deity or group of supernatural beings in each case of possession; this 'elective affinity' of cultural anthropologists is alluded to in the texts. See on this subject in general and on some case studies: G. Obeyesekere (1970), (1977a), (1980).
- 69) Su.U.60.21.
- 70) A.h.U.4.2.
- 71) Ca.Ni.7.12. The *Aṣṭāṅgasamgraha* (U.7.10) has a closely related passage, absent from the *Aṣṭāṅgahrdayasaṃhitā*. Demons (*bhūtas*) are still regarded as riding their victims in present-day Bengal (Deborah P. Bhattacharyya, 62). Compare the Vetāla stories.
- 72) Ca.Ci.9.18.
- 73) Ca.Ci.9.21.
- 74) Su.U.60.17–18.
- 75) A.h.U.4.9–12; A.s.U.7.11–15.

- 76) Su.U.60.17–18; A.h.U.4.9–12; A.s.U.7.11–15. see on present-day beliefs and practices: P. Wirz (1941): 28–29.
- 77) Ca.Ni.7.10. See M. Weiss: 91. See also Ca.Ni.7.21–22.
- 78) Cakrapāṇidatta holds that *karman* is the principal cause of *bhūtonmāda* (ad Ca.Ni.7.19–20).
- 79) Ca.Ni.7.14; Ci.9.16. This need not be completely inconsistent with the emphasis on *prajñāparādha*, which in itself leads to the accumulation of bad *karman*.
- 80) See M. Weiss (1980): 90–115; K.G. Zysk (1991): 30–31. Compare Ca.Śā.1.116–117.
- 81) Ca.Ci.9.21.
- 82) A.s.U.9.11–15.
- 83) Ca.Ni.1.30.
- 84) Ca.Ci.3.115cd–116ab; *Madhukośa* ad *Mādhavanidāna* 2.30cd–31ab.
- 85) Examples are: *kalyāṇakaghṛta* (Ca.Ci.9.33cd–42ab) against *unmāda* and *bhūtonmāda*; *mahāpaiśācikaghṛta* (Ca.Ci.9.45–48) against *graha* and *apasmāra*; *laśunādyaghṛta* (Ca.Ci.9.49–51) against all kinds of *unmāda*. See also Ca.Ci.9.57–63ab. Some later treatises only prescribe medicines against *unmāda*, whatever its cause may be (e.g., Tisata's *Cikitsākalikā* 365–377). Other treatises have separate prescriptions for the therapy of *bhūtonmāda*, partly of a psychological or religious nature, partly medicinal (e.g., Cakrapāṇidatta's *Cikitsāsamgraha*). Formulas against all sorts of mental disorders are also known; an example is the *caitasaghṛta* of the *Cakradatta*: *unmāda* 31–33. Very remarkable is the absence of religious treatment of *unmāda* in the *Virasimhavaloka*, a text that discusses therapies based on medical, religious and astrological concepts for practically all the diseases described in the *Mādhavanidāna*.
- 86) Called once *bhūtadoṣaja unmāda*: Ca.Ci.9.87.
- 87) Ca.Ci.9.87–95.
- 88) Su.U.60.32cd–37ab.
- 89) A.h.U.5.24–29ab.
- 90) A.h.U.5.29cd–48.
- 91) E.g., *sarsapa*, called *rakṣoghna* or *rakṣoghñī*. See P.K. Gode (1935).
- 92) Excrements of various animals (the so-called '*Dreckapotheke*') are noteworthy among these substances.
- 93) M. Weiss: 134–178.
- 94) The Sanskrit texts are silent on the incidence of particular types of *bhūtonmāda* in male and female patients. It is, however, obvious that possession by a *Gandharva* is a disorder prevalent in women, since the beings called *Gandharva* are attracted to them. The *Kauśikasūtra*, a text belonging to the *Atharvaveda*, describes rites to cure madness in women who are possessed by a *Gandharva*. See on this subject N.J. Shende (1985): 170–172, and G.U. Thite (1982): 9–10. As in many other countries, possession syndromes in general seem to be especially prevalent in India among women and members of the lower classes (see I.M. Lewis, 1978: 83–84 and 113–116).
- 95) See, e.g., S. Kakar (1982) and P. Wirz (1941).
- 96) S. Lienhard (1959: 91–92) is also convinced that the *sattva* and *bhūtonmāda*

typologies are related and influenced each other.

- 97) See table.
- 98) *Bhela* Ci.8.17. Su.U.62.5.
- 99) See, for example, Ca.Sū.8.4; Śā.4.34 and 36; Cakrapāṇidatta ad Ca.Sū.1.55, 8.4 and 5. Vāgbhaṭa sometimes uses the term in the same sense: A.h.Śā.3.7–8ab; Aruṇadatta ad A.h.Śā.5.15.
- 100) Ad Ca.Śā.4.34. Ḍalhaṇa calls them *cittaprakṛti* (ad Su.Śā.4.81–88ab).
- 101) Cakrapāṇidatta ad Ca.Śā.4.34. See also A.s.Śā.8.18.
- 102) Vāgbhaṭa mentions the three large groups, but not their subdivisions (A.h.Śā.3.7–8ab; A.s.Śā.5.12–14).
- 103) See table.
- 104) The four *varṇas* form part of the classification of elephants, which makes it of a mixed type. The treatises on horses recognize, apart from the classification into *sātvika*, *rājasa* and *tāmasa*, another one based on the *varṇas*.
- 105) *Sātvika*, *rājasa* and *tāmasa* types of human beings are described in the *Bhagavadgītā* (Chapter 17), which distinguishes them according to the type of food they prefer. In contemporary India, foods and drinks are still classified as *sātvika*, *rājasa* and *tāmasa* (S. Kakar, 1982: 269).
- 106) See table.
- 107) Ca.Śā.4.34; Cakrapāṇidatta ad Ca.Sū.1.57.
- 108) Cakrapāṇidatta ad Ca.Śā.4.36.
- 109) The *Carakasamhitā* itself states (Sū.8.6) that human beings are called *sātvika*, etc., if *sattva*, etc., is the dominating element, frequently manifesting itself in their behaviour. Cakrapāṇidatta adds that human beings are sometimes influenced by *sattva*, on other occasions by *rajas* or *tamas*, but that their character is named after the constituent which usually governs their behaviour.
- 110) Ca.Sū.8.6; Su.Sū.35.37–38; Su.Sū.45.207–209. Vāgbhaṭa uses only this broad classification (A.h.Śā.3.7–8ab; A.s.Śā.5.12–14).
- 111) Ca.Vi.8.119. Later texts mention a twofold scheme (Toḍara's *Āyurvedasaṅkhyā*, Vol. II: 3.389–390; Candrāṭa's commentary ad Tisaṭa's *Cikisākalikā* 16). The *Aṣṭāṅgasamgraha* (Śā.8.16) calls the types, elsewhere designated as *sattva* or *kāya*, *prakṛti*, and distinguishes seven types, classified in the same manner as the humoral *prakṛtis*: *sātvika*, *rājasa*, *tāmasa*, three types based on mixtures of two *guṇas*, and one with all three *guṇas*.
- 112) Ad Ca.Śā.4.36.
- 113) *Rasavaiśeṣikasūtra* 31.
- 114) A.h.Śā.5.64cd–65ab. *Rasavaiśeṣikasūtra* 96.
- 115) M. Weiss (1977) calls it temperament.
- 116) Ca.Vi.6.13 and 8.95–100; Su.Śā.4.62–80; *Bhela* Vi.4.16–26; A.h.Śā.3.85–104ab; A.s.Śā.8.6–15; Hārta V1.1.; Candrāṭa's commentary ad *Cikisākalikā* 16; Toḍara's *Āyurvedasaṅkhyā*, Vol. II: 2.206–209; *Agnipurāṇa* 280.36–39 and 369.37–39; Basava's *Śivatattvaramākara* VII.10.
- 117) S.P. Gupta (1977); L. Hilgenberg (1935); S. Lienhard (1959); H.C. Shukla (1973).
- 118) Ad Su.Śā.4.72–76.

- 119) Something similar is found in the *Aṣṭāṅgahrdayasaṃhitā* (Śā.3.89, 95, 103) but not in the *Aṣṭāṅgasamgraha*.
- 120) Ca.Vi.8.102–114.
- 121) Su.Sū.35.16.
- 122) Similar statements are found in the *Carakasamhitā*; the order of merit, as mentioned in the *Suśrutasamhitā*, is also recognized by Caraka.
- 123) A.h.Śā.3.117–118; A.s.Śā.8.27–28.
- 124) *Kāśyapa* Sū.28, p. 54.
- 125) *Śivatattvaratnākara* VII.10.159–163.
- 126) Su.Śā.4.80.
- 127) *Āyurvedasaukhya*, Vol. II: 2.210.
- 128) *Śivatattvaratnākara* VII.10.170–173.
- 129) Ca.Sū.19.4.
- 130) *Mahāgada* occurs in the same context in the *Kāśyapasaṃhitā* (Sū.27.49), where, however, it is not described.
- 131) I.e., the suffering afflicting all the transmigratory beings. Śivadāsaena gives the same explanation, adding that the disorder is characterized by wrong knowledge (*mithyājñāna*).
- 132) Avinash Chandra Kaviratna, the Gulabkunverba translation, P.V. Sharma, and R.K. Sharma and Bhagwan Dash call the disorder *mahāgada*; the Gulabkunverba team rendered *mahāgada* as *magnus morbus*, thus giving it a pseudo-scientific status. *Atattvābhīniveśa* is translated as inattention to what is proper (Avinash Chandra Kaviratna), mental and moral perversion (Gulabkunverba translation; R.K. Sharma and Bhagwan Dash), and adherence to unreality (P.V. Sharma). S.P. Gupta (1977: 497–505) calls the disease *atattvābhīniveśa* and interprets it as delusion; the same interpretation is found in C. Dwarkanath (1959: 151). H.G. Singh (1977: 94 and 100–101) regards it as equivalent to paranoia.
- 133) Caraka employs the term *mahāgada* on three other occasions; the term refers to diseases affecting the three main vital spots (*marman*), i.e., the head, heart and bladder (Ca.Ci.26.4; see Cakrapāṇidatta's comment); addiction to alcoholic beverages is a *mahāgada* according to some experts (Ca.Ci.24.54; Caraka himself disagrees); *raktapitta* is a *mahāgada* (Ca.Ci.4.5). The *Suśrutasamhitā* (Sū.33.4–5ab) and *Hārītasamhitā* (II.4.3) recognize a group of eight diseases which are called *mahāgada*: *vātavyādhi*, *prameha*, *kuṣṭha*, *arśas*, *bhagandara*, *aśmari*, *mūḍhagarbha*, and *udara*. The same group is known as *mahāmaya* in Ugrāditya's *Kalyāṇakāraka* (11.4). Indu (ad A.s.Ci.17.11), the *Rasaratnasa-muccaya* (21.1) and Ṭoḍara's *Āyurvedasaukhya* (Vol. IV: 3.47) replace *mūḍhagarbha* with *grahaṇī* and refer to the diseases of this group as *mahārōga*. Suśruta calls *apasmāra* a *mahāvvyādhi* (U.61.2t). Cakrapāṇidatta remarks (ad Su.Sū.32.5–6) that some regard the eight diseases — beginning with *vātavyādhi*, together with a group consisting of *śoṣa*. etc. — as *mahāvvyādhis*.
- 134) Ca.Ci.10.54–63.
- 135) Ca.Sū.24.
- 136) V. Śukla (1986: 88) regards *mada*, *mūrchā* and *saṃnyāsa* as subjects belonging

to *bhūtavidyā*, because all three are chiefly to be treated with *daivavyapāśraya* measures.

- 137) The term *moha* is also used as a synonym for *tamas* because it is its main characteristic. See, e.g., Ca.Śā.4.36; Ca.Ci.10.58.
- 138) Ca.Sū.24.25–27.
- 139) A.h.Ni.6.24cd–25; A.s.Ni.6.24.
- 140) Suśruta describes the pathogenesis of *mada* caused by alcohol in his chapter on the properties and actions of fluid substances; he states that *mada* occurs when the specific potency (*vīrya*) of alcoholic drinks reaches the heart and [its] vessels, and, after travelling upwards, affects the senses and consciousness (Sū.45.204cd–205); it is to be noted that these verses were not incorporated in the chapter on alcoholism (U.47). Ḍalhaṇa (ad Su.Sū.46.258–261) refers to *mada* brought about by poison, alcohol and blood.
- 141) Ḍalhaṇa (ad Su.U.42.11) regards *mada* as a symptom produced by bile. The *Bhelasamhitā* considers *mada* to be a disorder caused by bile (Sū.15.25) and located in the bone marrow (Sū.11.12cd–13ab) or the *rasa* (Sū.25.15).
- 142) Ādhamalla remarks (ad Śārīgadharaśamhitā I.7.33) that some regard this type as arising from *aśṛgdara* (menorrhagia and metrorrhagia). The *Carakasamhitā* (Sū.24.11–16) regards *mada* in general as a disorder brought about by blood.
- 143) Ca.Sū.24.30–34.
- 144) Compare Ca.Sū.19.4: *mada* is of four types.
- 145) A.h.Ni.6.28cd–29; A.s.Ni.6.27cd–28.
- 146) Ca.Vi.6.5. *Mada* may have a wider sense in this passage, as assumed by A. Roṣu (1978: 107 and 191–192).
- 147) The majority of the translators render *mada* as intoxication; P.V. Sharma uses the term narcosis; Avinash Chandra Kaviratna regards it as insanity.
- 148) Later treatises apply the term *mada* especially to alcoholic intoxication, as appears from the definition of the drug action called *madakārin* (*Vaiṅasena*; *pācanadīpanādīlākṣaṇa* 21; Śārīgadharaśamhitā I.4.21cd–22ab).
- 149) Ca.Ni.1.24; Su.U.39.31–32.
- 150) Su.U.39.35–38ab.
- 151) The nut of Areca catechu Linn. See Ḍalhaṇa ad Su.U.39.32 and 35; *Kaiyadevanighaṇṭu*, *miśrakavarga* 268ab.
- 152) Paspalum scrobiculatum Linn. See Su.Ci.17.37; *Madhukośa* ad *Mādhavanidāna* 2.11; *Rājanighaṇṭu* 16.137.
- 153) Several species of dhattūra. See *Rājanighaṇṭu*: 10.11–12.
- 154) The *Hārītasamhitā* forms an exception; its chapter on madātyaya treats of *mada* caused by pūga, kodrava, dhattūra, halinī (Gloriosa superba Linn.), karavīra (Nerium indicum Mill., the Indian oleander), mohinī (of uncertain identity) and madayantikā (of uncertain identity) (III.16.13–18).
- 155) See G.J. Meulenbeld (1989).
- 156) See, e.g., *Rājanighaṇṭu*: 6.191.
- 157) *Bhela* Ci.8.12cd–16.
- 158) Su.U.62.5.
- 159) Caraka and Vāgbhaṭa call it *mūrchāya* when the nosological entity is meant, but

murchā as a symptom of other diseases. Suśruta and Hārīta consider *moha* to be a synonym of *murchā*, but *moha* often differs from *murchā* (see, e.g., *Madhukośa* ad *Mādhavanidāna* 51.3, Hemādri ad A.h.Ni.2.24).

- 160) Ca.Sū.24.35–41.
- 161) A.h.Ni.6.30cd–35; A.s.Ni.6.29–33.
- 162) *Śārṅgadharasamhitā* I.7.31cd–32a.
- 163) Su.U.46.7d–8.
- 164) *Mādhavanidāna* 17.13.
- 165) *Hārīta* III.14.1–6 and 13.
- 166) *Bhela* Ci.23.14–16.
- 167) This type of *saṃnipāta* is very rare in āyurvedic treatises.
- 168) *Kalyāṇakāraka* 17.101.
- 169) *Hārīta* III.14.13.
- 170) The translators usually render it as fainting.
- 171) Examples are *alasaka* (*Bhela* Ci.10.55), *ojaḥkṣaya* (Su.Sū.15.24), *pittagulma* (*Bhela* Ni.3.13), *pittahṛdroga* (Ca.Sū.17.33), *pittajvara* (Ca.Ni.1.24), *yakṣman* (*Bhela* Ci.4.5).
- 172) Ca.Sū.24.42.
- 173) A.h.Ni.6.36; A.s.Ni.6.34.
- 174) *Samnyāsa* is interpreted as syncope (Gulabkunverba translation; R.K. Sharma and Bhagwan Dash), coma (P.V. Sharma), apoplexy (Avinash Chandra Kaviratna; Hilgenberg and Kirfel; J. Jolly, 1901: 120; Yādavaśarman), cataleptic state (P. Rāy, *et al.*, 1980), and epilepsy (Bhishagratna).
- 175) Ca.Sū.24.42–53; Su.U.46.20cd–21ab; A.h.Ni.6.37–38; A.s.Ni.6.35–36.
- 176) See e.g., *Jvaratrisatī* 186; *Bhāvaprakāśa*, *cikitsā* 1.521.
- 177) H.G. Singh (1977): 101; P. Rāy and H.N. Gupta (1965): 100.
- 178) Ca.Sū.17.73.
- 179) Ca.Si.9.12–15.
- 180) Ca.Si.9.16–20.
- 181) Su.Ni.1.52–53ab. G.D. Singhal, L.M. Singh and K.P. Singh (1972: 23) interpret *apatānaka* as recurrent convulsions, and *daṇḍāpatānaka* as orthotonus.
- 182) Su.Ni.1.64–66; G.D. Singhal, L.M. Singh and K.P. Singh interpret *apatānaka* as convulsive fits.
- 183) A.h.Ni.15.17cd–20; A.s.Ni.15.18–22.
- 184) *Mādhavanidāna* 22.28cd–33ab.
- 185) *Hārītasamhitā* III.20.18–19.
- 186) *Hārītasamhitā* III.20.20.
- 187) *Hārītasamhitā* III.20.21–22ab.
- 188) Bower MS II.340 and 941; the term is interpreted by Hoernle as (hysteric) convulsions.
- 189) *Kalyāṇakāraka* 8.15.
- 190) A.h.Ni.15.21; A.s.Ni.15.23.
- 191) *Bhela* Ci.26. The second disease dealt with in this chapter is *ardita*, facial paralysis.
- 192) V. Śukla (1986: 88) regards *apatānaka* and *apatānaka* as subjects belonging

to *bhūtavidyā*.

- 193) A.h.Ni.6.9–10ab; A.s.Ni.6.10–11ab; the cluster consists of *unmāda*, *mada*, *murchā*, *apasmāra* and *apatānaka*.
- 194) S.P. Gupta (1977): 482–485.
- 195) Arunadatta remarks (ad A.h.Ni.15.21) that *apatāntraka*, although occurring in both sexes, afflicts chiefly women.
- 196) J. Jolly (1901): 119. A.F.R. Hoernle (Bower MS II.316) also interpret *apatāntraka* as apoplectic convulsions.
- 197) Su.Ni.1.85.
- 198) Indian medicine does not pay much attention to delirious states, in contrast with Greek medicine, which includes them in the disease called phrenitis.
- 199) *Āyurvedavijñāna* II, Chapter 51.
- 200) *Bhaiṣajyaratnāvalī*, Chapter 77.
- 201) See *Rasayogasāgara*, *cakārādi* 71.
- 202) *Āyurvedavijñāna* II, Chapter 52.
- 203) *Bhaiṣajyaratnāvalī*, Chapter 78.
- 204) *Āyurvedavijñāna* II, Chapter 56.
- 205) *Bhaiṣajyaratnāvalī*, Chapter 79.
- 206) *Āyurvedavijñāna* II, Chapter 57.
- 207) *Bhaiṣajyaratnāvalī*, Chapter 80.
- 208) *Āyurvedavijñāna* II, Chapter 59.
- 209) *Bhaiṣajyaratnāvalī*, Chapter 81.
- 210) *Bhaiṣajyaratnāvalī*, Chapter 103.
- 211) *Āyurvedavijñāna* II, Chapter 54. The *Āyurvedavijñāna* calls it *yoṣāpasmāra*, and the *Bhaiṣajyaratnāvalī* *yoṣāpasmāra* and *yoṣāpatāntraka*; the latter treatise distinguishes a number of varieties.
- 212) *Siddhaprayogalatikā* 17.63; 33.83.
- 213) Tremor of the head (*śiraḥkampa*) is already described as one of the diseases of the head by Vāgbhaṭa (A.h.U.23.15cd; A.s.U.27.15cd).
- 214) *Bhaiṣajyaratnāvalī*, Chapter 99.
- 215) *Āyurvedavijñāna* II, Chapter 77.
- 216) *Bhaiṣajyaratnāvalī*, Chapter 100.
- 217) *Āyurvedavijñāna* II, Chapter 77.
- 218) See his *Siddhaprayogalatikā* 28.10.
- 219) See his *Siddhabhaiṣajyamañjūsā*, *jvara* 93.
- 220) Su.Śā.10.42.
- 221) *Bhaiṣajyaratnāvalī*, Chapter 98.
- 222) *Āyurvedavijñāna* II, Chapter 76.
- 223) See on the history of suicide in India: U. Thakur (1963).
- 224) *Bhaiṣajyaratnāvalī*, Chapter 106.
- 225) *Āyurvedavijñāna* II, Chapter 83.
- 226) Su.Śā.4.34–35.
- 227) Su.Śā.4.32 and 35.
- 228) Su.Śā.4.38.
- 229) Su.Śā.4.48ab.

- 230) Ca.Sū.21.55–57.
- 231) Su.Śā.4.42.
- 232) Ca.Ci.24.3–25.
- 233) Su.U.47.7–8.
- 234) A.h.Ni.6; A.s.Ni.6.
- 235) A.h.Ci.7.54–99; A.s.Ci.9.68–113.
- 236) *Bhela* Ci.28.2–3 and 13cd–25.
- 237) *Hārta* III.16.3.
- 238) *Kāśyapa, pānātyayacikitsita*, p. 136.
- 239) See Bower Manuscript 1.25–26. See on the Indian attitude in general towards alcoholic drinks, the varieties known, and their preparation: P. Aalto (1959).
- 240) Ca.Ci.24.29–36.
- 241) A.h.Ni.6.1–3; A.s.Ni.6.2–4.
- 242) Su.U.47.3–6.
- 243) Three stages of alcoholic intoxication are already referred to in the *Atharvaveda* (6.30.2).
- 244) Ca.Ci.24.37–38 and 41–51.
- 245) Su.U.47.11–12. See also Su.Sū.45.204cd–205, where the pathogenesis of *mada* is described.
- 246) A.h.Ni.6.4–8; A.s.Ni.6.5–8.
- 247) The differences are discussed in the *Madhukośa* ad *Mādhavanidāna* 18.10–11.
- 248) *Mādhavanidāna* 18.7–11.
- 249) *Bhela* Ci.28.
- 250) *Hārta* III.16.
- 251) *Kāśyapa, pānātyayacikitsita*, 19–22. *Kāśyapa* even refers to *madātyaya* in children (Sū.25.36).
- 252) *Suśruta* also refers to types which exhibit chiefly the signs of two humours (Su.U.47.29).
- 253) Ca.Ci.24.199–205.
- 254) A.h.Ni.6.20d–23ab; A.s.Ni.6.20b–22.
- 255) These disorders are not interpreted in any translation.
- 256) Cakrapāṇidatta (ad Ca.Ci.24.199–205) and Vijayarakṣita (ad *Mādhavanidāna* 18.22cd) remark that *Suśruta* did know about them, without mentioning their names (he is said to refer to them in Su.U.47.49).
- 257) Su.U.47.19cd–22ab.
- 258) *Mādhavanidāna* 18.19–21ab.
- 259) G.D. Singhal c.s. interpret them as hangover, alcoholic gastritis and chronic alcoholism.
- 260) Su.U.47.50 and 54.
- 261) *Bhela* Ci.28.6–9ab.
- 262) *Bhela* Ci.28.91cd–92. Compare *Kāśyapasaṃhitā, pānātyayacikitsita*, 51.
- 263) *Kāśyapa, pānātyayacikitsita*, 3–5.
- 264) Some translators (e.g., Hilgenberg and Kirfel) render *madātyaya/pānātyaya* as delirium tremens, which cannot be justified.
- 265) Epilepsy and insanity are regarded as closely related diseases (see, for example,

Śivadāśasena *ad Cakradatta*, *unmāda* 1).

- 266) Ca.Ni.8.4.
- 267) Su.U.61.8.
- 265) A.h.U.7.1–2; A.s.U.10.2–3.
- 269) *Bhela* Ni.8.3 and 8.
- 270) *Bhela* Ci.9.2–4.
- 271) *Hārīta* III.18.1–5. *Udāna* and *prāṇa* are varieties of wind (*vāta*).
- 272) The head is considered the seat of the vital breaths (*prāṇāḥ*; Ca.Sū.17.12).
- 273) Cakrapāṇidatta asserts (*ad* Ca.Ci.9.87–95) that the heart is the organ affected by the humours in both epilepsy and insanity.
- 274) Ca.Sū.19.4; Ni.8.3; Su.U.61.10cd–11ab; A.h.U.7.5cd; A.s.U.10.6cd; *Bhela* Ni.8.1; *Kāśyapa* Sū.27.52.
- 275) *Kalyāṇakāraka* 17.112. The *Bhelasamhitā* refers to *apasmāra* once as a disease of wind, located in bones and bone marrow (*Bhela* Ci.24.48cd–50ab). Tibetan medicine, although largely derived from the Indian system, classifies epilepsy (*khyab-hjug-gi-nad*) in a completely different way; seventeen varieties are distinguished: five varieties connected with one of the five great elements, and ten connected with a combination of two elements; Tibetan varieties of epilepsy total seventeen because the wind-fire variety is divided into three subvarieties (see Lobsang Dolma Khangkar, 1979). See on another classification of the types of epilepsy in Tibetan medicine: R.E. Emmerick (1987) and Terry Clifford (1984).
- 276) Loss of control of urine and biting of the tongue are absent from the descriptions by Caraka, Suśruta, and Vāgbhaṭa, but the initial cry and the froth forming on the lips are mentioned.
- 277) M. Weiss (1977): 155.
- 278) Ca.Ni.8.9.
- 279) Ca.Ci.10.53.
- 280) M. Weiss says that Ca.Ci.9 (on *unmāda*) was not redacted by Drḍhabala, whereas Ci.10 (on epilepsy) was, according to the colophons of these chapters. I do not understand this remark, since the colophons of the most current edition state that both chapters were redacted by Drḍhabala.
- 281) Su.U.60.13 and 15. These references are unconvincing, since epileptic fits are not unequivocally described.
- 282) Ca.Ni.8.9.
- 283) This agrees with the recognition of only four types of epilepsy.
- 284) Ca.Ci.10.53. Cakrapāṇidatta makes similar remarks *ad* Ca.Ni.8.9.
- 285) Ca.Ci.10.53.
- 286) Ca.Ni.8.14.
- 287) Ca.Ni.8.11.
- 288) *Ad* Ca.Ci.10.53.
- 289) Su.U.61.18cd–21. The *Suśrutasamhitā* describes nevertheless a disorder in children, resembling epilepsy, that is caused by a demon called *Skandapasmāra* (Su.U.27.9).
- 290) Su.U.61.23.

- 291) Su.U.61.26ab.
- 292) A.h.U.7.
- 293) A.s.U.10.59.
- 294) A.s.U.10.64.
- 295) *Bhela* Ni.8 and Ci.9.
- 296) *Kāśyapa* Sū.27.52.
- 297) *Kalyāṇakāraka* 17.112–114.
- 298) *Rājanighaṇṭu*, *varga* 20.
- 299) See on dreams: W. Bollée (1984; with bibliography); S. Layek (1990); S.P. Gupta (1977): 417–421.
- 300) Ca.I.5.43.
- 301) *Kāśyapa*, *auśadhabhēṣajendriyādhyāya* 23cd–24.
- 302) *Kāśyapa*, *auśadhabhēṣajendriyādhyāya* 25–26.
- 303) A.h.Śā.6.61; A.s.Śā.12.12. See Aruṇadatta's commentary on the various types of dreams.
- 304) See on dreams: S. Layek (1990); S.Ch. Mitra (1932); R.F.G. Müller (1951/53).
- 305) A well-known treatise on this subject is Jagaddeva's *Svapnacintāmaṇi*; some *Purāṇas* contain a chapter on dreams and their meaning.
- 306) Su.Śā.2.38–42.
- 307) The *āsekya* is also known in non-medical literature; he is mentioned in the *Nāradaśmṛti* (see J. Jolly, 1893: 459).
- 308) The *īrṣyāśaṇḍha* of the Bower Manuscript (II.350 and 360; regarded, in Hoernle's translation, as a man who is impotent from jealousy) is probably the same as the *īrṣyaka*. The *īrṣyaka* is also known in non-medical literature, he is mentioned in the *Nāradaśmṛti* (see J. Jolly, 1893: 459).
- 309) See also Su.Śā.2.43–44 and 47.
- 310) See Ca.Śā.2.18–20, together with Cakrapāṇidatta's comments.
- 311) *Hastyāyurveda*, *kṣudrarogasthāna* 13.
- 312) *Hastyāyurveda*, *kṣudrarogasthāna* 15.
- 313) *Hastyāyurveda*, *kṣudrarogasthāna* 18.
- 314) *Hastyāyurveda*, *kṣudrarogasthāna* 21.
- 315) *Hastyāyurveda*, *kṣudrarogasthāna* 32.
- 316) *Hastyāyurveda*, *kṣudrarogasthāna* 32. A series of ten *grahas*, partly identical, is enumerated elsewhere in the same treatise (*mahārogaasthāna* 7.50–52ab).
- 317) *Hastyāyurveda*, *kṣudrarogasthāna* 33.
- 318) *Hastyāyurveda*, *kṣudrarogasthāna* 34.
- 319) *Hastyāyurveda*, *kṣudrarogasthāna* 47.
- 320) *Hastyāyurveda*, *kṣudrarogasthāna* 51.
- 321) *Hastyāyurveda*, *uttarasthāna* 32.
- 322) Chapter 56.
- 323) Chapter 57.
- 324) Chapter 62.
- 325) See on the Tibetan classification: T. Clifford (1984).

REFERENCES

- Agnipurāṇa* (date unknown). Edited by Āchārya Baladeva Upādhyāya, Kashi Sanskrit Series 174, Varanasi 1966.
- Amṛtasāgara* (18th century; revised in 20th century). Edition Bombay 1875. Edition of the Hindi version of Jñārasarāma, Bombay 1988.
- Aṣṭāṅgahrdayasaṃhitā of Vāgbhaṭa* (about A.D. 600), with the commentaries of Aruṇadatta, Hemādri, and Śivadāśasena. Edition Kuṇṭe and Navre, with the commentaries of Aruṇadatta and Hemādri, Bombay 1939. Uttarasthāna, with Śivadāśasena's commentary, edited by Jyotiṣacandra Śarman, Agra 1942.
- Aṣṭāṅgahrdayasaṃhitā*, German translation by L. Hilgenberg and W. Kirfel, Leiden 1941.
- Aṣṭāṅgasamgraha of Vāgbhaṭa* (about A.D. 600), with the commentary of Indu, edited by A.D. Aṭhvale, Poona 1980.
- Aśvasāstra of Nakula* (about A.D. 1000), edited by S. Gopalan, Tanjore 1952.
- Aśvavaidyaka of Jayadatta* (A.D. 800–1200), edited by Jivānanda Vidyāsāgara, Calcutta 1893.
- Āyurvedasaṃkhyā of Toḍara* (16th century); six volumes of an edition and English translation of this treatise by Vaidya Bhagwan Dash and Vaidya Lalitesh Kashyap have been published, New Delhi 1980–1987.
- Āyurvedavijñāna of Kaviraj Binod Lal Sen* (A.D. 1883), edited by Āśuṭos Sen Gupta and Pulinaḥṣṇa Sen Gupta, Calcutta 1916.
- Bhaiṣajyaratnāvalī of Govindadāsa* (18th century), edited by Rājesvaradatta Śāstri, Kāśī Saṃskṛta Granthamālā 152, Banāras 1951.
- Bhelasamhitā* (about 7th century), edited by V.S. Venkatasubramania Sastri and C. Raja Rajeswara Sarma, New Delhi 1977.
- Cakradatta of Cakrapāṇidatta*, (11th century), with the commentary of Śivadāśasena, edited by Jivānanda Vidyāsāgara, Calcutta 1933.
- Carakasamhitā* (first few centuries of our era), with the commentary of Cakrapāṇidatta, edited by Vaidya Jādavaji Trikamji Āchārya, Bombay 1941.
- Carakasamhitā, Sūtrasthāna*, with the commentary of Śivadāśasena, edited by Priyavrata Śarma and Satyadeva Dube, Śrīsvāmīlakṣmīrāmanidhigranthamālā 7, Jaypur 1990.
- Carakasamhitā*, English translations by Avinash Chandra Kaviratna, the Gulabkunverba team, P.V. Sharma, R.K. Sharma and Bhagwan Dash.
- Cikitsākalikā of Tisāṭa* (10th century), with Candrāṭa's commentary, edited by Priyavrata Śarmā, Caukhambā Āyurvedvijñāna Granthamālā 21, Vārāṇasī 1987.
- Hārītasamhitā* (A.D. 800–1200), edited by Kālīprasāda Tripathīn, Bombay 1927/28.
- Hastyāyurveda of Pālakāpya* (earlier than 12th century), edited in Anandāśrama Sanskrit Series, Nr. 26, Poona 1894.
- Kaiyadevanighaṇṭu* (15th century), edited by Priyavrata Śarmā, Jayakṣṇadāsa Āyurveda Granthamālā 30, Vārāṇasī/Dillī 1979.
- Kalyāṇakāraka of Ugrāditya* (9th century), edited by Vardhamāna Pārśvanātha Śāstri, Solāpur 1940.
- Kāśyapasamhitā* (about 7th century), Kāśī Saṃskṛt Granthamālā 154, Banāras 1953.

- Madanamahārṇava of Viśveśvarabhaṭṭa* (14th century), edited by Embar Krishnama-charya and M.R. Nambiyar, Baroda 1953.
- Mādhavanidāna of Mādhava* (8th century), with the Madhukośa commentary, edited by Vaidya Jādayī Tricumjī Āchārya, Bombay 1955.
- Mānasollāsa of Someśvara* (A.D. 1130/31), edited by G.K. Shrigondekar, Volumes I–III, Gaekwad's Oriental Series Nrs. 28, 84, 138, Baroda 1925 (reprinted 1967), 1939, 1961.
- Mātāṅgalīlā of Nilakaṇṭha* (16th century); translated into English by Franklin Edgerton under the title "The elephant-sport of Nilakantha" (first edition, New Haven 1931), reprint Delhi 1985.
- Rājānighaṇṭu* (16th century), edition Ānandāśrama Sanskrit Series Nr. 33, Poona 1925.
- Rasaratnasamuccaya* (A.D. 1000–1300), edited by Ambikādatta Śāstrī, Haridas Sanskrit Series 91, Varanasi 1961.
- Rasavaiśeṣikasūtra* (earlier than 10th century), edited by N.E. Muthuswami, Kerala Government Ayurvedic Publication Series 2, Trivandrum 1976.
- Rasayogasāgara of Hariprapanna* (A.D. 1927), published by the author, 2 volumes, Bombay 1927, 1930.
- Śārṅgadharasamhitā* (14th century), with the commentaries of Ādhamalla and Kāśirāma, edited by Paraśurāma Śāstrī, Bombay 1931.
- Siddhabhaiṣajyamāñjūṣā of Jayadevaśāstrin* (A.D. 1929/30), Ramgarh 1932.
- Siddhaprayogatalikā of Guṭrāj Śarmā Miśra* (A.D. 1987/88), Jayakṛṣṇadāsa Āyurveda Granthamālā 74, Vārāṇasī 1988.
- Śivatattvaramākara of Basava* (about A.D. 1700), Volume I, edited by S. Narayanaswamy Sastry, Oriental Research Institute Publications, Sanskrit Series 108, Mysore 1964, Volume II, edited by R. Rama Shastry, Oriental Research Institute, Publication Nr. 112, Mysore 1969.
- Suśrutasamhitā* (first few centuries of our era), with Dālhaṇa's commentary, edited by Vaidya Jādayī Trikamjī Āchārya, Bombay 1938.
- Suśrutasamhitā*, English translations by Bhishagratna and G.D. Singhal c.s.
- Tantrasārasaṃgraha of Nārāyaṇa* (earlier than 12th century), edited by M. Duraiswami Aiyangar, Madras Government Oriental Series Nr. XV, Madras 1950.
- Vaṇgasena* (11th century), edition Śrīveṅkaṭeśvar Press, Bombay 1924/25.
- Yogasūtra of Patañjali* (date unknown), edited by Mahādeva Gaṅgādhara Bākṛe, Bombay 1927.

SECONDARY LITERATURE

- Aalto, Pentti (1959) - "Madyam Apeyam," in: "*Jñānamuktāvalī*, Commemoration Volume J. Nobel, Sarasvati Vihara Series, Nr. 38.
- Bhattacharyya, Deborah P. (1986) - *Pāgalāmi: Ethnopsychiatric knowledge in Bengal*, Foreign and Comparative Studies, South Asian Series, No. 11, Maxwell School of Citizenship and Public Affairs, Syracuse University, New York.
- Bollée, Willem (1984) - "Zur Typologie der Träume und ihrer Deutung in der älteren indischen Literatur," *Studien zur Indologie und Iranistik*, Heft 10, 169–186.

- Clifford, Terry (1984) - *Tibetan Buddhist Medicine and Psychiatry: The Diamond Healing*, York Beach, Maine.
- Comba, Antonella (1987) - "Carakasamhitā, Śārīrasthāna I and Vaiśeṣika Philosophy," in: G. Jan Meulenbeld and Dominik Wujastyk (Eds.), *Studies on Indian Medical History*, Papers presented at the International Workshop on the Study of Indian Medicine, held at the Wellcome Institute for the History of Medicine, 2-4 September 1985, Groningen Oriental Series, Volume II, Groningen, 43-61.
- Dwarkanath, C. (1959) - *Introduction to Kāyachikitsā*, Bombay.
- Emmerick, R.E. (1987) - "Epilepsy according to the Rgyud-bzhi," in: G. Jan Meulenbeld and Dominik Wujastyk (Eds.), *Studies on Indian medical History*, Groningen Oriental Studies, Volume II, Groningen, 63-90.
- Gode, P.K. (1935) - "Beliefs about the Power of Mustard-Seed to Ward Off Evil," *Journal of the Mythic Society* 26, 136-137.
- Gupta, Satya Pal (1977) - *Psychopathology in Indian Medicine (Āyurveda)*, with special reference to its philosophical bases, Aligarh.
- Hilgenberg, L. (1935) - *Die Anschauungen von den Konstitutionstypen in der Medizin Altindiens und unserer Zeit*, Studien zur Geschichte und Kultur des Nahen und Fernen Ostens: Festschrift Paul Kahle, Leiden, 156sq.
- Hoernle, A.F.R. (1893-1912) - *The Bower Manuscript*; Facsimile leaves, Nagari transcript, romanised transliteration and English translation with notes, edited by A.F. Rudolf Hoernle, published by order of the Government of India and under the patronage of the Bengal Government, Archaeological Survey of India, New Imperial Series, Volume XXII, Calcutta (reprinted, New Delhi 1983 and 1987).
- Jolly, J. (1893) - Some considerations regarding the age of the early medical literature of India, Transactions of the 9th International Congress of Orientalists, 1892, Volume I, 454-461.
- Jolly, J. (1901) - *Medicin, Grundriss der Indo-Arischen Philologie und Altertumskunde*, III. Band, 10. Heft, Strassburg (translated into English by C.G. Kashikar: *Indian Medicine*, 2nd rev. ed., Delhi 1977).
- Kakar, D.N. (1977) - *Folk and modern medicine (A North Indian case study)*, Delhi.
- Kakar, Sudhir (1982) - *Shamans, mystics and doctors. A psychological inquiry into India and its healing traditions*, Delhi.
- Khangkar, Lobsang Dolma (1979) - *Epilepsy in Tibetan medicine*, unpublished paper, presented at ICTAM I, Canberra.
- Layek, Satyajit (1990) - *An analysis of dream in Indian philosophy*, Sri Garib Dass Oriental Series No. 99, Delhi.
- Lewis, I.M. (1978) - *Ecstatic religion: An anthropological study of spirit possession and shamanism*, New York.
- Lienhard, S. (1959) - *Konstitution und Charakter nach den Lehren der altindischen Medizin*, Centaurus 6, 82-93.
- Meulenbeld, G. Jan (1989) - *The search for clues to the chronology of Sanskrit medical texts, as illustrated by the history of bhaṅgā (Cannabis sativa Linn.)*, Studien zur Indologie und Iranistik, herausgegeben von Georg Budruss, Oskar von Hinüber, Hanns-Peter Schmidt, Albrecht Wezler und Michael Witzel, Heft 15, Reinbek, 59-70.

- Mitra, Sarat Chandra (1932) - On ancient Indian dream-lore, in: Acharyya Ray Commemoration Volume, ed. by Hirendra Nath Datta et al., Calcutta.
- Müller, R.F.G. (1935a) - Altindische Psychiatrie, *Monatsschrift für Psychiatrie und Neurologie* 92, 231–241.
- Müller, R.F.G. (1935b) - Vom Manas (Geist) und seinen Krankheiten in der altindischen Medizin, *Janus* 39, 74–93.
- Müller, R.F.G. (1951/53) - Traumlehren altindischer Ärzte, *Centaurus* 2, 289–313.
- Obeyesekere, Gananath (1970) - The idiom of spirit possession: a case study, *Social Science and Medicine* 4, 2, 97–111.
- Obeyesekere, Gananath (1977a) - Psychocultural exegesis of a case of spirit possession from Sri Lanka, in: V. Crapanzano (Ed.), *Case studies in spirit possession*, New York, 235–294.
- Obeyesekere, Gananath (1977b) - The theory and practice of psychological medicine in ayurvedic tradition, *Culture, Medicine and Psychiatry* 1, 2, 155–181.
- Rây, P. and H.N. Gupta (1965) - *Caraka Saṃhitā* (A scientific synopsis), History of Sciences in India Publications, National Institute of Sciences of India, New Delhi.
- Roşu, Arion (1978) - Les conceptions psychologiques dans les textes médicaux indiens, *Publications de l'Institut de Civilisation Indienne*, Fascicule 43, Paris.
- Shende, N.J. (1985) - The religion and philosophy of the Atharvaveda, Bhandarkar Oriental Series No. 8, Poona.
- Shukla, H.C. (1973) - The Indian medical concept of human variation; Two monographs. *Beiträge zur Ethnomedizin, Ethnobotanik und Ethnozoologie* I, Arbeitsgemeinschaft Ethnomedizin, Hamburg.
- Singh, H.G. (1977) - Psychotherapy in India, Bhargava Research Series No. 3, National Psychological Corporation, Agra.
- Singhal, G.D., Singh, L.M., and Singh, K.P. (1972) - Diagnostic considerations in ancient Indian surgery (based on Nidāna-Sthāna of Suśruta-Saṃhitā), Allahabad.
- Śukla, Vidyādhara (1986) - *Āyurvedaśāstre bhūtavidyāyāḥ saṃvikṣaṇātmakam adhyayanam*, *Sarasvatībhaṇan Adhyayanamālā* 34, Vārāṇasī.
- Thakur, Upendra (1963) - The history of suicide in India: An introduction, Delhi.
- Thite, G.U. (1982) - Medicine, its magico-religious aspects according to the Vedic and later literature, Poona.
- Weiss, Mitchell G. (1977) - Critical study of unmāda in the early Sanskrit medical literature: An analysis of Ayurvedic psychiatry with reference to present-day diagnostic concepts, University of Pennsylvania, Ph.D.
- Weiss, Mitchell G. (1980) - *Caraka Saṃhitā* on the doctrine of karma, in: Wendy D. O'Flaherty (Ed.), *Karma and rebirth in classical Indian tradition*, University of California Press, Berkeley, 90–115.
- Wirz, Paul (1941) - *Exorzismus und Heilkunde auf Ceylon*, Bern.
- Zysk, Kenneth G. (1985) - Religious healing in the Veda, with translations and annotations of medical hymns from the Rgveda and the Atharvaveda and renderings from the corresponding ritual texts, *Transactions of the American Philosophical Society*, Volume 75, Part 7, Philadelphia.
- Zysk, Kenneth G. (1991) - Asceticism and healing in ancient India: Medicine in the Buddhist monastery, Oxford University Press, New York/Oxford.